

Disability Support Services Verification

Date: [Insert Date]

[Your Name]

[Your Title/Position]

[Your Organization]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

This letter serves to verify that [Student's Name], a student at [Institution Name], is currently registered with the Disability Support Services (DSS) office. [He/She/They] has been identified as having a disability that qualifies for accommodations under the Americans with Disabilities Act (ADA).

The nature of [his/her/their] disability includes [briefly describe the disability, if appropriate], and it has been determined that [he/she/they] requires certain accommodations to ensure equal access to educational opportunities.

The accommodations that have been recommended for [Student's Name] include:

- [Accommodation 1]

- [Accommodation 2]

- [Accommodation 3]

(Add or remove as necessary)

Please feel free to contact me at [your phone number] or [your email address] if you require any additional information or clarification regarding this matter.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]