

Date: [Insert Date]

To: IT Department / [Manager Name]

From: [Your Name / Department Name]

Subject: Authorization for Installation of Assistive Software

Dear [Name of IT Manager or Representative],

This letter serves as formal authorization to install the following assistive software on the workstation assigned to [Employee Name]:

- **Software Name:** [e.g., JAWS, NVDA, ZoomText, or Kurzweil]
- **Version:** [Insert Version Number]
- **License Key:** [Insert Key if applicable, or "Company Licensed"]

The installation of this software is a necessary workplace accommodation to support [Employee Name] due to visual impairment. This tool is essential for the employee to perform their daily job functions effectively and independently.

We request that the IT department complete the installation and ensure that any necessary administrative permissions are granted for the software to function correctly (e.g., screen reading capabilities or display scaling).

If there are any security protocols or compatibility checks required before installation, please coordinate directly with [Contact Person Name] at [Phone/Email].

Thank you for your prompt assistance in ensuring an accessible work environment.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

[Department Name]