

[Your Name]  
[Your ID Number]  
[Your Address]  
[City, State, Zip Code]  
[Your Email Address]  
[Your Phone Number]

[Date]

[Name of Disability Services Coordinator or Instructor]  
[Office of Disability Services / Department Name]  
[Name of Institution]  
[Institution Address]

**Subject: Request for Extended Time Testing Accommodations**

Dear [Name of Coordinator or Instructor],

I am writing to formally request a testing accommodation for the [Current Semester/Term]. I am a student currently enrolled in [Course Name/Number].

Due to a documented disability, I am requesting the following accommodation: **Extended time for all exams, quizzes, and timed assessments**. Specifically, I am requesting [specify amount, e.g., 1.5x time or 2.0x time].

This accommodation is necessary to ensure that I have an equal opportunity to demonstrate my knowledge of the course material. I have attached the required medical documentation from my healthcare provider to support this request.

I would like to discuss how this accommodation will be implemented for upcoming exams. Please let me know if there are specific forms I need to complete or if I should schedule a meeting with your office.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]