

Date: [Insert Date]

To: [Name of Training Coordinator/Department]

From: [Your Name]

Subject: Request for Physical Accessibility Accommodations

Dear [Recipient Name],

I am writing to formally request physical accessibility accommodations for the upcoming training session, "[Insert Training Title]," scheduled for [Insert Date] at [Insert Location/Room Number].

To ensure I can participate fully in this training, I require the following adjustments:

- [Insert specific need, e.g., Wheelchair accessible seating/entrance]
- [Insert specific need, e.g., Height-adjustable desk or table]
- [Insert specific need, e.g., Close proximity to restrooms or elevators]
- [Insert specific need, e.g., Frequent breaks for mobility purposes]

Please let me know if you need any additional information or documentation regarding this request. I would appreciate a confirmation that these arrangements can be made by [Insert Date].

Thank you for your assistance in making this training accessible.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee/Student ID Number]

[Your Contact Information]