

[Date]

[Name of Testing Coordinator/Instructor]

[Name of Institution/Organization]

[Department/Address]

Subject: Request for Testing Accommodation - Frequent Breaks

Dear [Name of Coordinator/Instructor],

I am writing to formally request a testing accommodation for [Name of Student/Candidate], who is scheduled to take the [Name of Exam] on [Date of Exam].

Due to a documented medical condition/disability, it is requested that [Name of Student/Candidate] be granted the following accommodation: **Frequent Breaks**.

The specifics of this request include:

- A break of [Number] minutes for every [Number] minutes of testing.
- The ability to stand, stretch, or move during these breaks.
- "Stop-the-clock" timing, ensuring that break time does not count against the total allotted testing time.

This accommodation is necessary to ensure an equitable testing environment and to allow the candidate to perform to the best of their ability despite their functional limitations.

Attached is the supporting documentation from a licensed healthcare provider confirming the necessity of this accommodation.

Please confirm receipt of this request and let me know if any further information is required to finalize these arrangements.

Sincerely,

[Your Name]

[Your Title/Relationship to Student]

[Your Phone Number]

[Your Email Address]