[Your Name]
[Your Student/Employee ID Number]
[Your Email Address]
[Your Phone Number]

[Date]

To: [Office of Disability Services / Human Resources]
[University Name]
[Campus Address]

Subject: Request for Campus Elevator Access Medical Accommodation

Dear [Name of Coordinator or Department],

I am writing to formally request a medical accommodation regarding elevator access on campus. Due to a medical condition, I have physical limitations that prevent me from using stairs or walking long distances between floors.

I am requesting the following:

- Electronic authorization on my [ID Card/Key Fob] to access restricted elevators.
- A physical key for elevator operation (if applicable).
- Priority access to elevators in high-traffic buildings.

I have attached the required medical documentation from my healthcare provider, which confirms my diagnosis and the necessity of this accommodation for my mobility and safety.

I would appreciate it if we could complete this process by [Date] to ensure I can access my classes and campus facilities without interruption. Please let me know if there are additional forms I need to sign or if you require further information.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]