

[Date]

[Recipient Name]

[Title/Department]

[Institution/Organization Name]

[Address]

Subject: Accommodation Request for Extended Transition Time

To Whom It May Concern,

I am writing to formally request a reasonable accommodation regarding mobility and scheduling for [Name of Student/Employee].

Due to a documented mobility impairment, [Name] requires additional time to travel between locations, buildings, or classrooms. This physical limitation affects their ability to navigate the environment within the standard allotted transition periods.

To ensure equal access and participation, we request the following accommodations:

- A minimum of [Number] additional minutes for transitions between scheduled activities or classes.
- Permission to arrive late or leave early by [Number] minutes without academic or professional penalty when traveling between distant points.
- Priority access to elevators or accessible routes that may require a longer travel distance.

These accommodations are necessary to provide [Name] with a safe and equitable environment. Please let us know if any further documentation or a meeting is required to finalize this arrangement.

Thank you for your cooperation and support.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Role]

[Contact Information]