[Your Name]
[Your Job Title/Student ID]
[Date]

To: [Name of Supervisor, Teacher, or HR Representative]
From: [Your Name]
Subject: Request for Temporary Auditory Processing Accommodations

Dear [Name],

I am writing to formally request temporary assistance and minor accommodations regarding my auditory processing needs. This request is due to a temporary medical condition that affects how I receive and interpret verbal information.

To ensure I remain productive and accurate in my work/studies, I am requesting the following temporary adjustments:

- Written follow-ups for all verbal instructions or meeting notes.
- Permission to record meetings or lectures for later review.
- Use of noise-canceling headphones to reduce background distractions.
- Preferential seating near the speaker during presentations.
- Written transcripts for any required video or audio materials.

I anticipate needing these accommodations until approximately [End Date]. I am happy to provide medical documentation if required by your department.

Thank you for your support and for helping me maintain my performance during this time. Please let me know if we can meet to discuss these needs further.

Sincerely,

[Your Signature]
[Your Printed Name]