

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

[Date]

[Name of Disability Services Coordinator or Instructor]
[Department Name]
[Institution Name]

Subject: Request for Testing Accommodation - Time Extension

Dear [Name of Recipient],

I am writing to formally request a testing accommodation for the [Current Semester/Year] academic period. I have been diagnosed with severe testing anxiety, a condition that significantly impacts my ability to demonstrate my knowledge under standard timed conditions.

Due to the physiological and cognitive symptoms associated with this condition, I am requesting the following accommodation:

- **Extended Time for Examinations:** I am requesting [1.5x or 2.0x] additional time on all timed quizzes, midterms, and final exams.

This additional time will allow me to manage my anxiety symptoms and focus on the exam content, ensuring an equitable assessment of my academic performance. Attached to this letter, please find the supporting documentation from my healthcare provider outlining my diagnosis and the necessity of this accommodation.

I would appreciate the opportunity to discuss how this accommodation will be implemented in my current courses. Please let me know if you require any further information or if there are specific forms I need to complete.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]