

Date: [Insert Date]

To: [Office of Disability Services / Campus Facilities Management]

From: [Your Full Name]

ID Number: [Your Student/Employee ID Number]

Subject: Formal Request for Physical Mobility Accessibility Accommodations

Dear [Name of Coordinator or Department],

I am writing to formally request physical mobility accommodations to ensure equal access to campus facilities and programs. Due to [mention condition or "a mobility impairment"], I face specific barriers in the following locations:

- **Location 1:** [e.g., Building Name/Entrance] - [Describe barrier, e.g., heavy manual doors]
- **Location 2:** [e.g., Classroom Number] - [Describe barrier, e.g., inaccessible seating/desks]
- **Location 3:** [e.g., Specific Path or Parking Lot] - [Describe barrier, e.g., uneven pavement or distance]

Based on these barriers, I am requesting the following accommodations:

- [Accommodation 1, e.g., Installation of automatic door openers]
- [Accommodation 2, e.g., Relocation of classes to an elevator-accessible floor]
- [Accommodation 3, e.g., Priority access to accessible parking or shuttle services]

I have attached medical documentation from my healthcare provider confirming the necessity of these modifications. I would like to schedule a meeting to discuss these requirements and establish an implementation timeline.

Thank you for your assistance in making the campus accessible.

Sincerely,

[Your Signature]

[Your Phone Number]

[Your Email Address]