

Date: [Insert Date]

To: [Name of Testing Coordinator or Disability Services Office]

Institution: [Name of School or Testing Center]

Address: [Insert Address]

RE: Request for Testing Accommodations - [Your Full Name]

Dear [Name of Coordinator],

I am writing to formally request a testing accommodation for my upcoming examinations due to a diagnosed medical condition. I have been diagnosed with Severe Generalized Anxiety Disorder (GAD).

Due to the nature of this condition, I experience high levels of physiological distress, cognitive interference, and acute panic symptoms when testing in large, communal environments. These symptoms significantly impair my ability to concentrate and accurately demonstrate my knowledge of the subject matter.

To mitigate these barriers, I am requesting the following accommodation:

- **Private Room Testing:** A quiet, individual testing environment separate from other students to minimize environmental triggers and sensory distractions.

Attached to this letter, you will find documentation from my healthcare provider, [Provider Name], which confirms my diagnosis and supports the necessity of a private testing space.

Please let me know if there are specific forms I need to complete or if you require further information to process this request. Thank you for your time and assistance in ensuring I have equal access to the testing process.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Student ID Number, if applicable]

[Your Email Address]

[Your Phone Number]