

Date: [Insert Date]

To: [Name of Testing Coordinator/ADA Coordinator]

Organization: [Name of Testing Institution/School]

Subject: ADA Accommodation Request: Alternative Lighting for [Your Name]

Dear [Name of Coordinator],

I am writing to formally request a testing accommodation for the upcoming [Name of Exam] scheduled on [Date of Exam]. I have been diagnosed with Chronic Migraine, a neurological condition that is significantly aggravated by specific environmental triggers, most notably fluorescent and high-intensity overhead lighting.

According to the Americans with Disabilities Act (ADA), I am requesting the following reasonable accommodations to ensure an equitable testing environment:

- **Alternative Lighting:** Permission to take the examination in a room with natural light or incandescent lighting rather than fluorescent bulbs.
- **Lighting Reduction:** The ability to dim or turn off overhead lights in my immediate testing area.
- **Personal Equipment:** Permission to use a flicker-free desk lamp or bring non-polarized tinted lenses (FL-41) to mitigate light sensitivity.

Exposure to standard fluorescent lighting frequently triggers severe migraine attacks for me, resulting in light sensitivity (photophobia), visual disturbances, and intense pain, which would prevent me from demonstrating my knowledge on the exam.

Attached is a letter from my healthcare provider, [Doctor's Name], confirming my diagnosis and the medical necessity of these lighting adjustments.

Please let me know the process for finalizing these arrangements. I look forward to your response by [Date].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]