

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Organization/Company Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Disability Verification Request

I am writing to request verification of my disability status for
[specific purpose, e.g., applying for benefits, accessing services,
etc.].

My name is [Your Full Name] and my date of birth is [Your Date of Birth].

I have been diagnosed with [specific disability] by [Name of Healthcare
Provider/Professional] on [Date of Diagnosis]. My condition has [brief
description of how the disability affects you, if relevant].

Please let me know if you require any additional documentation or
information to process my request. I appreciate your attention to this
matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Social Security Number or ID Number (if required)]