

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Organization/Agency Name]  
[Organization/Agency Address]  
[City, State, Zip Code]  
Subject: Disability Report Submission  
Dear [Recipient's Name],  
I am writing to formally report my disability as part of the required documentation for [specific purpose, e.g., Social Security benefits, workplace accommodations, etc.].  
\*\*Personal Information:\*\*  
- Name: [Your Full Name]  
- Date of Birth: [Your Date of Birth]  
- Social Security Number: [Your SSN] (if applicable)  
- Disability Diagnosis: [Brief description of your disability]  
- Date of Diagnosis: [Date]  
\*\*Medical Documentation:\*\*  
I have attached medical records and documentation from [Healthcare Provider's Name], which details my diagnosis, treatment, and limitations.  
\*\*Impact of Disability:\*\*  
[Briefly describe how your disability affects your daily life, work, and any other relevant aspects.]  
\*\*Request for Consideration:\*\*  
I kindly request that my situation be reviewed for [state the purpose of your request, e.g., benefits, accommodations, etc.].  
Thank you for your attention to this matter. Please feel free to contact me at [your phone number] or [your email address] for any further information or clarification needed regarding my report.  
Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]