

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Organization/Institution Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a determination of my eligibility for disability services as a Person With Disabilities (PWD).

I have been diagnosed with [briefly describe your condition(s)] that significantly impacts my daily life and ability to perform tasks typically expected in [mention context, e.g., work, education].

In support of my request, I have included the necessary documentation, including medical records and [any other relevant information]. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time and consideration.

Sincerely,

[Your Name]

[Enclosures: Medical Records, Documentation]