

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

[Recipient Name]
[Title]
[Organization/Agency Name]
[Address]
[City, State, Zip Code]

Subject: Request for Verification of Person with Disabilities (PWD)
Status

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request the verification of my status as a Person with Disabilities (PWD) as recognized under [specify relevant law or regulation, if applicable].

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- PWD Identification Number (if applicable): [Your PWD ID]

I have attached the necessary documents for your review, including [list any relevant documents such as medical certificates, identification cards, etc.]. I kindly ask for your assistance in processing this verification at your earliest convenience.

Should you require any further information or documentation, please do not hesitate to contact me via the information provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]