Re: Reasonable Accommodation Verification Letter

____________________________________(date)

To whom it may concern:

I am writing on behalf of my client ______________________(client name), who I have seen approximately ___ times over the last ___ months/years (circle one). My client presents with the following condition(s):

(1) __________________________________________
(2) __________________________________________
(3) ___________________________________________.

These conditions cause my client to experience symptoms that include:

______________________________________________

______________________________________________

______________________________________________

These conditions interfere with my client housing and daily living in the following ways:

______________________________________________

______________________________________________

______________________________________________

Therefore, my client requires a reasonable accommodation to effectively address these issues. You may contact me by phone ________________ or email _____________________ if you would like to discuss this matter further. Thank you for attending to the ongoing needs of my client at this time.

Sincerely,

__________________________________________(signature)

__________________________________________(print name)

__________________________________________(title/affiliation)