



Office of Disability Services
Box 1645
7900 Johnson Drive
Knoxville, TN 37998

Phone: 865-251-2426

email: ODS@johnsonu.edu

Fax: 865-251-2337

Temporary Disability Reasonable Accommodations Request

Name: _____

Student ID #: _____ Date: _____

Address: _____

Academic Information

Classification: Freshman Sophomore Junior Senior

Are you a Student Athlete: yes no

Injury or Illness Information

Primary Injury or Illness: _____

Date of Injury or Illness: _____

Expected Length of Injury or Illness: _____

Please describe the cause of your injury: _____

Are you able to walk independently? (without crutches): yes no

Are you able to write independently? yes no

Please list any academic accommodations you think you will use through the office of disability Services:

