

Office of Student Access
and Disability Services
(660)785-4478 phone
(660)785-4490 fax



Pickler Memorial Library
109A
100 East Normal
Kirksville, MO 63501

Client Application for Temporary Injury

Name: _____ Date: _____

Banner ID Number: _____ Date of Birth: _____

Telephone Number (cell): _____ Telephone (local): _____

Campus Address: _____ E-mail Address: _____

Year in School: Freshman Sophomore Junior Senior Graduate

Personal Information

My major is _____ My GPA is _____

English is my 1st language: Yes No, my first language is _____

I am currently: On probation Progressing worse than expected
 Progressing as expected Progressing better than expected

1. Please describe why you contacted the Disability Services Office: _____

2. Do you have a doctor's note to describe your injury/limitations, recommendations, anticipated date to be released from restrictions/limitations and the duration expected for limitations as a result of this injury:

Yes No (*Please make sure to attach it as those specifics are necessary*) _____

3. Have you provided professors with the doctor's note?: _____
 Yes

4. Normal classroom flexibility is not meeting your needs?: _____
 Yes No

Medical

1. Are you currently being treated for any medical condition (if yes, please provide details)? _____

Yes No _____

2. Are you currently taking any prescription medications (if yes, please provide details)? _____

Yes No _____

(prior to applying for formal accommodations please ensure you have talked to your professors and provided doctor's note for classroom flexibility-formal accommodations can be requested if needs cannot be met through classroom flexibility for injury)

Student's Signature

Date