



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

Phone: 865-251-2426

email: [ODS@johnsonu.edu](mailto:ODS@johnsonu.edu)

Fax: 865-251-2337

**Release of Information Request (3<sup>rd</sup> party or personal use)**

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Fax and US Postal Service mail are more secure ways of sending confidential records compared to email\*

I authorize the release of information to:

**Name/School/Entity:** \_\_\_\_\_

Fax number: \_\_\_\_\_

Scan and email to: \_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Self for personal records:** \_\_\_\_\_

Fax number: \_\_\_\_\_

Scan and email to: \_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pick up hard copy in the Office of Disability Services (ODS)

Letter needed:

Verification of ODS registration

Copy of most recent Accommodation Letter

Allow 10 business days for processing  
Student files are purged 5 years after the last date of service.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_