



DISABILITY SUPPORT SERVICES
Old Main • Room 004 • (716) 888-3748

Permission to Release Information

Student Name _____ ID Number _____

Address _____

City/State _____ Zip _____

Home Phone _____

I give permission to the Disability Support Services Office to release the following information regarding my disability.

The documentation will be release to: _____

The documentation will be released for the following purpose:

My signature below indicates that I am voluntarily releasing this information to the DSS Office in order to request a needed accommodation for a disability.

Signature _____ Date _____