

CONFIDENTIAL Temporary In-Take Form



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

RELEASE OF DISABILITY INFORMATION

I, _____ request disability-related accommodations from Canisius College. I authorize the release of medical and/or psychological information to the Disability Support Services Office at Canisius College. I fully understand that the information will be held in the strictest of confidence and will be solely used to determine my eligibility for services as mandated under Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990, and in determining the most appropriate accommodations based on my current level of functioning.

I give my permission to the DSS Office at Canisius College to release information regarding academic accommodations to my academic instructors. Academic accommodations will be automatically sent each semester to my academic instructor. I agree that I will notify my academic instructor within the first week of class of my disability and set up the appropriate accommodations based on the information sent by DSS. I understand that I may revoke this consent at any time by notifying DSS of the change. This consent automatically expires upon graduation.

Signature _____ Date _____

PLEASE PRINT

Date _____

Name _____

Social Security # _____ Student ID # _____

Date of Birth _____ Sex: M F

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____

email _____

Local Address/Residence Hall _____

City _____ State _____ Zip _____

Local/Campus Phone _____

Parent or Contact Person _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

TO RECEIVE ACADEMIC ACCOMMODATIONS AT CANISIUS COLLEGE:

1. You must apply and be accepted to Canisius
2. You must complete an intake form and return it to DSS with the following:
 - Letter from physician stating your disability
 - Documentation of accommodations

CURRENT ACADEMIC INFORMATION

Freshmen Sophomore Junior Senior Graduate Student

Major _____ Expected Year of Graduation _____

DISABILITY

Assistance Request: Shuttle Service Other: _____

Type of Injury/Disability _____

Documentation provided by _____

Was it due to an athletic injury? Yes No

Length of time that services will be needed _____

Explain present limitation(s), if any,
your condition causes in the classroom?

your condition causes outside the classroom?

How do you cope with the limitation(s)?

