

VOLUNTARY DISCLOSURE OF DISABILITY

I, _____, wish to identify as a student with a disability
(please describe):

Documentation of my disability will be forwarded to Anne-Marie Dobies, Director of Disability Support Services
by the following professional (please print name, address, and phone number below):

Documentation has already been submitted to DSS.

My signature below indicates that I am voluntarily disclosing this information to Canisius College in order to
request a needed accommodation for a disability.

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Signature: _____