



CANISIUS UNIVERSITY

Student Accessibility Services In-Take Form

Release of Disability Information

I request disability-related accommodations from Canisius University. I authorize the release of medical and/or psychological information to the Golisano Center for Student Success/Student Accessibility Services (SAS) at Canisius University. I fully understand that the information will be held in confidence and will be solely used to determine my eligibility for accommodations as mandated under Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990. It will be used to determine the most appropriate accommodations based on my current level of functioning. I give my permission to the Golisano Center at Canisius University to release information regarding academic/non-academic accommodations to the necessary parties. I agree that I will notify my academic instructor within the first week of class or as soon as my documentation has been sent regarding the accommodations arranged by SAS. I understand that I may revoke this consent at any time by notifying SAS of the change. This consent automatically expires upon graduation and my file will be kept in the Golisano Center for seven years after my last active semester.

Student Signature _____ Date _____

Name _____ Preferred Pronouns: _____

Student ID _____

Cell Phone _____ Date of Birth / / Canisius E-mail _____
(official communication tool used by SAS)

PERMANENT ADDRESS

City _____
State _____ Zip _____

PARENT INVOLVEMENT Yes No

I give SAS permission to discuss my accommodations with my parent(s)/guardian(s)/spouse or contact person(s). Student Initials _____

Parent Name(s) and Cell Phone Number(s)

EDUCATION BACKGROUND

High School Name _____
Any other University attended _____

CURRENT AC ADEMIC INFORMATION

Major _____ Expected Year of Graduation _____
Freshmen Sophomore Junior Senior Graduate Other Student- _____
Athlete: Yes No If Yes, Sport _____

Yes No I give permission to SAS to release my accommodations to my coach.

Student's initials _____

TO RECEIVE ACCOMMODATIONS AT CANISIUS:

1. The student must apply & be accepted to Canisius
2. The student must complete a **Student Accessibility Services** in-take form with the following documentation attached:

PHYSICAL DISABILITY

- Letter from physician stating your disability and/or current substantial limitations
- Documentation highlighting accommodations

COGNITIVE OR EMOTIONAL DISABILITY

- Copy of current Psychological Evaluation
- Any additional documents highlighting your disability, ex. Individualized Educational Program
- Documentation of accommodations

3. Students are responsible to report to **SAS** any changes to their disability, accommodations, and/or in-take information. Accommodations are only determined by the disability that is listed on the in-take form and with prior documentation.

DISABILITY/INDICATE TYPE Physical Cognitive/Learning Psychological

Name of Diagnosis _____

Age of Diagnosis _____

Explain present limitation(s), if any: _____

How do you cope with the limitation(s) on a daily basis? _____

STUDENT ACCESSIBILITY SERVICES OFFICE USE ONLY

Academic Accommodations (determined based on documentation and SAS assessment):

Adaptive Equipment Use:

- | | |
|--|--|
| <input type="checkbox"/> Alternative Chair/Table | <input type="checkbox"/> Assisted Listening Device |
| <input type="checkbox"/> Taping of Lectures | <input type="checkbox"/> Alternative Text |
| <input type="checkbox"/> Other _____ | |

Alternative Testing:

- | | |
|--|---|
| <input type="checkbox"/> Extended Time: <input type="checkbox"/> Time and a Half <input type="checkbox"/> Double | <input type="checkbox"/> Separate Testing Room |
| <input type="checkbox"/> Reader/Scribe on Examinations | <input type="checkbox"/> Use of Computer during Exams |
| <input type="checkbox"/> Adaptive Test Format (Specify): _____ | |
| <input type="checkbox"/> Other _____ | |

Additional Academic Accommodations:

- | | |
|---|--|
| <input type="checkbox"/> Notetaker | <input type="checkbox"/> Preferential Seating in Classroom |
| <input type="checkbox"/> Sign Language Interpreters/Captioning Services | |
| <input type="checkbox"/> Other _____ | |

Non-Academic Accommodations (determined based on documentation and SAS assessment):

- | | |
|---|------------------------------------|
| <input type="checkbox"/> On-Campus/Accessible Housing | <input type="checkbox"/> Meal Plan |
| <input type="checkbox"/> Other _____ | |