



Permission to Release Information

Name _____

Student ID _____

Cell Phone _____ Canisius Email _____

(official communication tool used by SAS)

Address _____

City _____ State _____ Zip _____ Home Phone _____

I give permission to Student Accessibility Services to release the following information regarding my disability.

The documentation will be released to:

My signature below indicates that I am voluntarily releasing this information to or from the Golisano Center – Student Accessibility Services in order to request needed accommodations for a disability.

Signature _____ Date _____