

# Permission to Email Professors

Name \_\_\_\_\_  
Student ID \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Canisius Email \_\_\_\_\_

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

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**The documentation will be released to (please print the name of each faculty member you would like to notified via email)**

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**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 \_\_\_\_\_