

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.

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

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

Signature _____ Date _____