



## Student Accessibility Services In-Take Form

### Release of Disability Information

I request disability-related accommodations from Canisius College. I authorize the release of medical and/or psychological information to the GRIFF Center for Student Success/Student Accessibility Services at Canisius College. 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 GRIFF Center at Canisius College 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 my accommodations have been arranged by Student Accessibility Services. I understand that I may revoke this consent at any time by notifying Student Accessibility Services of the change. This consent automatically expires upon graduation and my file will be kept in the GRIFF Center for seven years after my last active semester.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of registration with Accessibility Support \_\_\_\_\_

Name \_\_\_\_\_

Student ID \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Canisius E-mail \_\_\_\_\_

(official communication tool used by Accessibility Support)

### PERMANENT ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### LOCAL CONTACT INFORMATION

Residence Hall OR  Local Address

Hall \_\_\_\_\_ Room # \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PARENT INVOLVEMENT  Yes  No

I give Accessibility Support permission to discuss my accommodations with my parent(s)/guardian(s)/spouse or contact person(s).

Student's initials \_\_\_\_\_

Name(s) \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EDUCATION BACKGROUND

High School Name \_\_\_\_\_

Any other college attended \_\_\_\_\_

### CURRENT ACADEMIC 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 Accessibility Support to release my accommodations to my coach.

Student's initials \_\_\_\_\_

**TO RECEIVE ACCOMMODATIONS AT CANISIUS:**

1. The student must apply & be accepted to Canisius College
2. The student must complete an Accessibility Support 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 Accessibility Support 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? \_\_\_\_\_

**ACCESSIBILITY SUPPORT OFFICE USE ONLY**

Academic Accommodations (determined based on documentation and Accessibility Support 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"/> Note taker Service                             | <input type="checkbox"/> Preferential Seating in Classroom |
| <input type="checkbox"/> Sign Language Interpreters/Captioning Services |  |
| <input type="checkbox"/> Other _____                                    |  |

Non-Academic Accommodations (determines based on documentation and DSS assessment):

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> On-Campus/Special Need Housing | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Other _____                    |                                       |

Additional Services provided by the college:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Other _____ |
|--|--------------------------------------|