

Y Student Disability Disclosure Form

Please complete electronically and submit via email to sas@canton.edu.

This form may **ONLY** be completed by the student. Disclosure of a disability must be made by them, and how it impacts their academic performance should be made in their own words.

Today's Date:	Student ID Number: Birthdate:		ate:	
Name:		Pronouns Used:		
Mobile Phone:		Additional Phone:		
SUNY Canton Email:		Additional Email:		
Preferred contact method:		Residence Halls	Online Only	Commuter Student
What is the name of yo	our disability/diagnosis? <mark>(for exar</mark>	<mark>mple: dyslexia, autism</mark>	, ADHD, anxiety, e	epilepsy, deaf, etc.)
Does Your Disability A	uffect?:			
Reading	Testing	Focus		
Writing	Notetaking	Organizat	tion	
Math	Speech / Communication	_		
For any checked items	s above, please describe or expla	in how your disabili	ty affects those a	areas:
Please	complete this box i	^{for} any item	s checked	above.
What accommodation	ns are you requesting, and why?	Please click HERE for o	common accommod	lations from our website.
	Please list any disability relat			
	Does this medication affect you	ur learning? If ves. p	olease explain:	
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Documentation of Your Disability / Diagnosis	
I am including my documentation with this form.	
I have already sent my documentation.	
I will have my documentation sent.	
This space may be used for any additional in	nformation you wish to include:
The Office of Student Accessibility Services serves as	s a National Voter Registration agency.
This office is proud to assist any student with filling ou	ut and submitting an application to vote.
Would you like help in becoming	g a registered voter?
I am already a registered voter.	No. I decline to register to vote at this time
Yes. Please give me an application at my appointment.	Yes. Please mail an application to me.
I choose to disclose my disability / diagnosis to the C	Office of Student Accessibility Services.
and I attest by my signature that I persona	
To add your signature digitally, choose "All Tools", "Fil	I.S. Sign" "Add Signature" and "Draw"
Use your mouse or touch pad to sign inside	the box and choose "Apply".
Drag it to the signature line and click where you want it to go	. You can enlarge it by clicking on the large A.
Student Signature	Date