



DISABILITY SERVICES
University of South Carolina Upstate
800 University Way, CLC 107
Spartanburg, SC 29303
864-503-5199

Deaf/Hard of Hearing Verification Form

Student: _____ **SSC ID:** _____
(Self Service Carolina No.)

1. Describe the symptoms associated with the disability and the student's prognosis:

2. What is the student's degree of hearing loss? (Please include a copy of the most recent audiogram)

3. Describe the progression of this disability, if applicable.

4. Describe how this disability may affect this student both academically and/or physically:

5. List any assistive devices and/or adaptive equipment currently being used:

Certifying Professional:

Signature of Professional

Date

Professional's Name (Printed) and Title

Name of Practice

Professional Credentials

License or Certification No.

Address

Telephone No.

City, State, Zip

Fax

Disability Services
Division of Student Affairs
University of South Carolina Upstate
800 University Way, CLC 107
Spartanburg, SC 29303
Phone 864-503-5199

Send by:
Email: DSINFO@uscupstate.edu
OR
Fax: 864-347-3328