



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

Visual Impairment Verification Form

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

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

2. What is the student's visual acuity with best correction?

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

4. Describe how this visual impairment 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