

DISABILITY SERVICES

University of South Carolina Upstate

Deaf/Hard of Hearing Verification Form

Student: _____ USC ID: _____

1. Describe the symptoms associated with the disability and the students' 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: _____ Certify

Professional's Name (Printed) and Title Name of Practice

Signature of Professional Date

Professional Credentials License or Certification No.

Address - City, State, Zip

Telephone Number and Fax

University of South Carolina Upstate

Disability Services

800 University Way, CLC 107

Spartanburg, SC 29303

Phone: 864-503-5199

Fax: 864-347-3328

