DOCUMENTATION OF HEARING IMPAIRMENT

University of California Davis • Student Disability Center

In order for the University of California, Davis to provide disability-related services, we need to establish that this student has a disability under California law, which defines a disability as an impairment that limits a major life activity. This form is designed to help us make that determination.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Student Name_____ Medical Record #_____
Last First M.I.

UCD Student ID #_____ Birth Date_____

Certifying Professional_____ Specialty/License_____

Address_____ Phone_____

Fax

1. Clearly describe this individual's hearing impairment:

2. Specify functional limitations on the individual's ability to perform or participate in an academic setting.

3. Provide a description of treatment(s) with anticipated effectiveness in minimizing the impact of the impairment:

Note: A copy of an audiogram performed within the last 3 years must accompany this report.

Authorizing Signature_____ Date_____

Return To: Caryn Stromberg, Disability Specialist
Student Disability Center • University of California • One Shields Avenue • Davis CA 95616-8714
Phone (530) 752-3184 • TTY (530) 752-6833 • Fax (530) 752-0161