# 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 _____ (Last / First / M.I.) Medical Record # _____

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
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Phone (530) 752-3184 • TTY (530) 752-6833 • Fax (530) 752-0161