

2277 Napa/allejoHwy Napa, CA94558 Tel: (707256-7345

## DISABILITY VERIFICATION

The student named below may be eligible for services at Napa Valley College. In order to providewservices, must have a verification of disability. A disability is defined as an impairment substantially limiting a major life activity resulting in educational limitations.

STUDENT SECTION			
Last Name	First Name		Middle Initial
NVC ID #	Date of Birth (mm/dd/yyyy)		
Address	City	State	Zip
Email	Telephone	d} Ç[∙	š

PROFESSIONAL SECTION (to be completed by a certifying medical professional)

Duration of Disability:

DSMV Code
(if applicable):

Moderate %Severe		
Medications (if applicable):	Possible side effects of medication which may affect academic function:	
Sensory Limitations:		
1. Hearing LossDB hearing loss scores:		
2. Visual Impairment	Visual Acuity Score	
‰ low vision		
‰ legallyblind		

## Please sign below as the certifying medical professional

 will be used in confidence for the educational benefit of this student.

 Signature of Certifying Professional

 Print Name of Certifying Professional

 Certifying Professional License #

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 Address
 City
 State
 Zip

 Telephone
 Fax
 Date

Attach signed PDF and email to:

Napa Valley College Tel: (707) 2567345

Email:dsps@napavalley.edu

NVC Disability Support Program**Se**rvices 2277 NapaVallejoHighway McCarthy Library,<sup>17</sup>2 Floor, Room 1766 Napa, CA 94558