

DISABILITY VERIFICATION

The student named below may be eligible for services at Napa Valley College. In order to provide services, we 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	Today's Date	

PROFESSIONAL SECTION (to be completed by a certifying medical professional)	
Duration of Disability:	
<input type="checkbox"/> Permanent/Chronic <input type="checkbox"/> Temporary with an expected duration of:	
Disabling Condition(s):	DSM-V Code (if applicable):
Severity (if applicable):	
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Medications (if applicable):	Possible side effects of medication which may affect academic function:
Sensory Limitations:	
1. Hearing Loss – DB hearing loss scores:	
2. Visual Impairment	Visual Acuity Score
<input type="checkbox"/> low vision	
<input type="checkbox"/> legally blind	

Please sign below as the certifying medical professional

By signing below I certify the provided information is accurate, will become part of the student's record, and will be used in confidence for the educational benefit of this student.

Signature of Certifying Professional		Print Name of Certifying Professional		
Certifying Professional License #		Title of Certifying Professional		
Diagnosing Physician's Name <i>(please print name of diagnosing professional if other than you)</i>				
Address		City	State	Zip
Telephone	Fax		Date	

Attach signed PDF and email to:

Napa Valley College
Tel: (707) 256-7345

Email: dsps@napavalley.edu

NVC Disability Support Programs & Services
2277 Napa-Vallejo Highway
McCarthy Library, 2nd Floor, Room 1766
Napa, CA 94558