



University of Nevada, Las Vegas
Disability Resource Center
4505 S. Maryland Parkway
Box 452015
Las Vegas, NV 89154-2015

Phone 702-895-0866
FAX 702-895-0651
www.unlv.edu/drc

Vision Disability Verification Form

assist the student in working with the treating or diagnosing health professional in
obtaining the specific information necessary to evaluate eligibility for
accommodations.

- The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.
- Forms must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay processing and result in follow up contact with the healthcare professional.
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STUDENT SIGNED CONSENT FOR RELEASE OF INFORMATION
(Print or Type)

Name (Last, First, Middle): _____

Date of Birth: _____ NSHE: _____

Status (check one): Current UNLV student
 Transfer student
 Prospective student

Local phone: (____) - ____ - _____

Cell phone: (____) - ____ - _____

UNLV E-Mail address: _____

Personal E-mail address: _____ (for non-admitted students)

I hereby authorize my Healthcare Provider to release information requested in this document and further authorize DRC to communicate with the named individual or agency identified below to obtain clarification as needed to determine my eligibility for disability services at UNLV. This authorization is valid for 6 months.

Student
Signature _____ Date: _____

Parent Signature
(If student is under 18): _____ Date: _____

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. What is the diagnosis, date of diagnosis and last contact with the student?

2. Please describe your assessment procedures and evaluation instruments providing both quantitative and qualitative information about the student's abilities including visual acuity, visual field, the use of corrective lenses, ongoing visual therapy (if appropriate), etc.

3. Describe the symptoms experienced by the individual that meet the criteria for the diagnosis.

4. Is the condition stable at this time? If the condition is expected to decline, describe the expected progression of the vision loss.

5. Describe how this visual disability may affect this student both academically and/or physically (functional limitations).

6. List current medication(s), dosage, frequency, and adverse side effects.
