Documentation for Vision Loss & Blindness

Kennesaw State University’s Student Disability Services provides VXSSRUW services and accommodations for students with documented disabilities. The treating or diagnosing healthcare professional should complete this form. 6WXGHQW Disability Services will use this form to evaluate eligibility for academic accommodations, which includes 1) disability diagnosis as defined under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA); 2) aid in the determination of appropriate services and accommodations in tho will give it to the Disability Se

vices Provider at Kennesaw State University.

Date RI %LUWK Print Name t ’ X tion/

Limitations

*The information in this document should be based on medical evaluation not older than three (3) years from the date of request for services, unless the condition is of a permanent and non-varying nature.

Healthcare Provider Information (In the space provided, please attach a business card.)

Provider Signature: _____ Date: _____

(Please print)

**Provider name: _____ Title: _____ License #: _____

Attach Business Card Here