Please complete and return the Parking Accommodation Request Form to Accessibility and Disability Resources (ADR). A doctor or other certified health care professional completes the second section.

Upon receipt of this completed form, ADR will make a recommendation to Campus Police that may include parking in a closer lot or use of disability/accessible parking spaces.

I. To be completed by the Parking Accommodation Applicant

Name _______________________________  □ Student □ Staff □ Faculty □ Guest

Campus Residence/Work Location ______________________ Phone _______________________

Disability, Health issue, or Injury ______________________________________________________

Parking Lot or Disability/Accessible Parking Location Requested _______________________________________________________________________

Car Info: Year ________ Make _____________ Model _____________ Color ___________

License Plate Number ________________________ State Issued ______________________

Signature: ___________________________________ Date: ________________

II. To be completed by a Medical Professional

Name _______________________________ Title/Credentials_____________________

Address ______________________________ Phone _______________________

Diagnosis _______________________________________________________________________

Prognosis (temporary or permanent condition, if temporary-how long?) _______________________

Walking Limitations ____________________________

___________________________________________________________________________

Recommendations _____________________________

___________________________________________________________________________

Signature ___________________________________ Date __________________________