Date: _______________________

Student’s Name: _____________________ College/Program: ________________

Student Contact Number: _________________

In order to provide disability parking to the above named student, we must first have all information provided to us on this form. Please take the time to answer the questions below and fax back to us with the ADA College Coordinator’s signature.

What is the student’s disability?

What is the anticipated length of the disability? Will this be temporary or permanent?

Are there any restrictions on student’s ability to ambulate on a daily basis, if so, please describe:

The majority of her/his classes are located at:

Is student able to ride a bus to and from class?

ADA Coordinator’s name and signature: ________________________________

If you have any questions, please contact Allison Reece at 792-3665 between the hours of 8:30am and 5:00pm. Monday through Friday.

* Students who are temporarily disabled with a mobility impairment or illness may request temporary parking support. Parking in a suitable location, as defined by the nature of the temporary disability and the students’ class site will be offered. The cost for parking will be based on the rate others are paying for the same parking location and for the length of time the space will be required.