
Accessible Parking Request Form: PF-25

Purdue University

Purdue University is committed to meeting its obligations pursuant to Section 504 of the Rehabilitation Act of 1973 as amended and the Americans with Disabilities Act of 1990 as amended.

Eligibility for accessible parking is based upon a review of current medical information and the applicant's current needs, which could be of a permanent or temporary nature.

To be completed by the applicant (Please print):

My status is: _____ Student _____ Employee

I am requesting an accessible parking permit for: _____ Campus _____ University Residences _____ Both

Name: _____ PUID#: _____

Campus Address: _____ City: _____ State: _____ Zip: _____

Campus Phone: _____ Email: _____

Please provide a statement of your need for accessible parking:

I give the Parking Accessibility Review Committee permission to contact my health care provider to clarify the information provided below if needed. I understand that this information is confidential and will only be used to assess my need for accessible parking.

Signature

Date

To be completed by a licensed health care provider (Please print):

Note: On-campus parking is a limited resource. Individuals who clearly demonstrate the existence of a "disability" as that term is defined by the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended, will be given priority in the assignment of accessible parking. Free accessible bus service is available to all Purdue students and employees.

Diagnosis: _____ Date of diagnosis: _____

Date of last contact with individual: _____ Expected length of impairment: _____

1. Does the individual use a mobility aid? If so, please list the mobility aid(s) used and how frequently each is used.

(over)

2. Does the individual have a restriction in mobility? If so, please describe the severity of the restriction, including any distance restrictions and/or weight limitations.

3. How does the condition/impairment affect the individual's ability to climb stairs?

4. How does the condition/impairment affect the individual's tolerance of extreme temperatures?

5. Is the individual able to ride an accessible bus? If no, please explain.

6. Other circumstances to consider:

Professional Certification:

Name: _____ Phone: (____) _____ Fax: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Signature (No signature stamp)

Date

License/Certification Number/State

Please return this form to:

**Parking Facilities
1877 Visitors Information Center
West Lafayette, IN 47907-1877
(765) 494-9497
Fax: (765) 494-9492**

Purdue is an equal access/equal opportunity University