Addendum: Parking & Transportation

Please complete and return the General Provider Form as well

Student's name:

Date of birth:

The following information is to be completed by the student's physician or other approved specialist with experience and expertise in the area related to the student's diagnosis/es. Thank you for providing this information so we may evaluate the student's request for accommodation as soon as possible.

- 1. The student above is requesting transportation assistance on the basis of a (chose one): Permanent or Chronic Disability Temporary Impairment
- 2. How long will the requested accommodation(s) be necessary?

For one semester	For up to 6 months
For up to 12 months	For the duration of the student's time at the university
Duration unknown	Other:

3. Explain the student's medical need for transportation as it relates to their disability or temporary impairment.

- 4. Will the student require transportation on campus, of f campus, or both?
- 5. If requesting transportation **on** campus, how far is the student able to commute without breaks?

6. If requesting transportation off campus, please detail why other transportation options are not feasible.

- 7. If the student requires transportation to medical or therapy appointments, what is the frequency and location of these appointments?
- 8. Please include the dates of any future scheduled appointments and a history of recent appointments.