

APPLICATION FOR DISABILITY PARKING PRIVILEGES

University of Colorado – Parking and Transportation Services
1050 Regent Dr Phone: 303.492.7384
Boulder, CO 80309-0502 Fax: 303.492.6116

TO BE COMPLETED BY APPLICANT:

Please circle one of the following: **Faculty/Staff** **Student**

Employee/Student ID Number: _____

Name (Last, First, MI): _____

E-mail Address: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (home) _____ (work/cell) _____

Parking and Transportation Services reserves the right to request a second physician's opinion regarding an applicant's medical condition and/or mobility before issuing a permit to accommodate their parking needs.

TO BE COMPLETED BY A LICENSED PHYSICIAN:

LIMITED PARKING resources on the CU Boulder Campus make it necessary for us to allocate all spaces, including disability spaces, on the basis of greatest need.

Is the disability **Permanent** or **Temporary**? (circle one)

If temporary, until when? _____

What is a reasonable distance (**in yards**) the patient can be expected to walk from their vehicle to their building? _____

Additional comments: _____

Physician Signature: _____ **Date:** _____

Name (please print): _____ Physician License # _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

PTS Office Use Only:

Account #: _____

Permit Number: _____ Lot: _____ Valid Dates: _____

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