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: ____________________

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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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