

Student Application for Medical Exemption Parking

FOR REQUESTS TO PARK IN ACCESSIBLE PARKING SPACES WITH THIS SYMBOL, 🦶, STOP HERE.



Student Accessibility Services (SAS) does not address parking permits for these spaces.

If you need to park a certain distance from any campus location, use one of these two options:

- TEMPORARY REQUESTS FOR ACCESSIBLE PARKING: complete and submit the Center for Health and Wellbeing's Temporary Medical Parking Request Form.
- LONG-TERM REQUESTS FOR ACCESSIBLE PARKING: work with your State Department of Motor Vehicles to request an accessible parking placard.

For more information on how to request parking in accessible spaces with this symbol, 🧲, contact the Center for Health and Wellbeing (CHWB) by phone or email:

CHWB Phone: (802) 656-3340 CHWB Email: health@uvm.edu

HOW TO REQUEST AN ACCOMMODATION TO PARK YOUR CAR ON CAMPUS FOR DISABILITY-RELATED NEEDS:

The student must complete page 2 of this form and have a qualified health care professional who is not related to the student complete pages 3-4 on their behalf.

Recommendations on this form do not automatically bind SAS to determine the student eligible for specific parking accommodations. A provider's recommendations are taken into consideration as part of a full review that includes a multitude of factors, including the availability of designated parking spaces.

Once SAS receives this completed form, they will review the request and determine eligibility within 14 business days. The student is notified of this decision by SAS via email.

TO BE COMPLETED BY THE STUDENT

Student Name: UVINI ID#: 95				
If living on	-campus, provide Residenc	ce Hall and Room #:		
If living off	-campus, provide your add	lress:		
Status:	Incoming First-Year	Transfer Student	Continuing Student	
Review th	THE TYPE OF PARKING PER is webpage for more inforr vw.uvm.edu/transportation	nation on student park	ing permit options:	
	Resident – Red			
	Resident – Purple			
	Resident - Black			
	Gutterson Garage Per	mit		
	Centennial West Perm	nit		
	Commuter – Brown ar	nd Evening Permit		
	Commuter Yellow Per	mit		
	Graduate Student Sing	gle Use Parking Permit	5	
Requesting	g Parking Permit for (Seme	ster/Year):		
Have you h	nad this parking accommod	dation at UVM in the p	ast? Yes No	
Student Si	gnature:		Date:	



TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL

Student's Name:	Date of Birth:	Date of Birth:				
Date of initial contact with student:						
Date of most recent interaction with student:		·				
Frequency or number of contacts since initial appointn	nent:					
Relevant Diagnosis	DSM-5 or ICD-10 Code	Date of Diagnosis				
If this request is based on need for access to healthca	re appointments:					
Office/Treatment facility address:						
Type of treatment:						
Frequency of appointments:						
Duration of treatment (start date and anticipated end date):						
Provide rationale for the student's health-related nee	ed to have access to a car on camp	ous.				

Describe any disability-related impacts to using available public transportation options.					
List possible alternatives if meeting the suggested	parking accommodation is not possible.				
Name and credentials of provider:					
License number and state:					
Associated organization:					
Address:					
Phone number:					
Signature:	Date:				

Submit this completed form to Student Accessibility Services (SAS) in one of the following ways:

Email: access@uvm.edu Fax: 802-656-0739

Mail: Student Accessibility Services, UVM, 633 Main Street A-170 Living/Learning, Burlington, VT 05405

Uploaded directly by student: https://myaccess.uvm.edu/ClockWork/user/student/files.aspx

Questions? Call Student Accessibility Services: 802-656-7753