



## Temporary ADA Parking Request Form

**Instructions:** Employees requesting temporary ADA parking accommodations must complete this form and submit it along with medical documentation from a licensed healthcare provider. Approval is subject to verification and availability of designated parking spaces.

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### Employee Information

- Full Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Work Email: \_\_\_\_\_
- Work Phone: \_\_\_\_\_

### Parking Request Details

- Requested Start Date: \_\_\_\_\_
  - Estimated End Date: \_\_\_\_\_
  - Current Parking Permit Number (if applicable): \_\_\_\_\_
  - Reason for Request (Brief Description):  
\_\_\_\_\_  
\_\_\_\_\_
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**Medical Certification** *(To be completed by a licensed healthcare provider)*

- **Provider's Name:** \_\_\_\_\_
- **Medical License Number:** \_\_\_\_\_
- **Facility Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Diagnosis/Condition Requiring Accommodation:**  
*(Do not disclose specific diagnosis if not required; general nature of impairment is sufficient.)*

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- **Expected Duration of Need:** \_\_\_\_\_
- **Provider's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**Employee Acknowledgment**

I understand that this accommodation is temporary and subject to review. I certify that the information provided is accurate and acknowledge that any misrepresentation may result in the revocation of my temporary ADA parking permit.

- **Employee Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**For Office Use Only**

- **Date Received:** \_\_\_\_\_
- **Reviewed By:** \_\_\_\_\_
- **Approval Status:** ☐ Approved ☐ Denied

- Reason for Denial (if applicable): \_\_\_\_\_
- Temporary Permit Issued: ☐ Yes ☐ No
- Permit Expiration Date: \_\_\_\_\_
- Additional Notes: \_\_\_\_\_

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**Submit Completed Form To:**

- \_\_\_\_ Employee  
\_\_\_\_ Transportation & Parking Services

For questions or additional assistance, please contact *Office of Accessibility Services, 633 Main Street, A170 Living Learning Building, Burlington, VT 05405*  
*Phone: 802-656-7753*