



THE UNIVERSITY OF VERMONT
STUDENT ACCESSIBILITY SERVICES
CENTER FOR ACADEMIC SUCCESS

TEMPORARY DISABLED PARKING PLACARD REQUESTS:

Complete the Temporary Medical Parking Permit Request Form and submit to Student Health Services per the instructions on the form. **Do not continue with the form below.**

LONG-TERM DISABLED PARKING PLACARD ACQUISITION

Individuals with disabilities who anticipate their condition to continue for longer than 4 – 6 weeks are expected to apply through their State Department of Motor Vehicles for the appropriate disabled parking placard. Please refer to the Transportation & Parking Services web site www.uvm.edu/transportation for more information.

Student Application for Medical Exception Parking

This application is to request parking on campus due to a disability. Requests for an exception will be reviewed on a case-by-case basis. Frequency, duration, and location of treatment facility will be considered as part of the review process. Your request must be accompanied by the attached certification form which must be completed by a qualified healthcare professional.

Student Name: _____

UVM NetID: _____

On-Campus Housing: _____

Residence Hall Name and Room #

Status: **Incoming First Year** **Transfer** **Continuing Student**

1. Have you had this accommodation at UVM in the past? _____

2. What is the treatment type (ie., counseling, physical therapy, etc.)?

3. Please describe how this parking accommodation will reduce the impact of your disability and/or health condition?

4. Please add any other information you feel is important for us to consider in reviewing your request.

5. Would you like SAS to contact you regarding disability related academic accommodations or support services? Yes _____ No _____

Student's Signature: _____ **Date:** _____

Please return this form and accompanying documentation to:

Student Accessibility Services

access@uvm.edu

633 Main Street A170 Living/Learning Burlington, VT 05405

Phone: (802) 656-7753 Fax: (802) 656-0739

Student Medical Exception Parking – Physician Certification

Student, _____, has applied for parking at the University of Vermont. As per the student parking protocol outlined by the Transportation and Parking Services, the student is not entitled to on-campus parking and is requesting an exception to the general parking regulations. Exceptions to this parking requirement may be considered for students with a **disability-related need** for having a car on campus. Requests for an exception will be reviewed on a case-by-case basis and frequency, duration, and location of treatment, as well as access to alternative means of transportation (ie., mass transit, CarShare, etc.), will be considered during the approval process. Please complete the form below so that the student's request can be reviewed.

The information you provide will be helpful to determine reasonable accommodations within the student's need and what is available on the campus. Information provided herein is closely considered, but is used only as a recommendation of the student's needs. Medical documentation will be kept on file at the Student Accessibility Services office, will be considered confidential health information and will be accessed only by personnel involved in evaluating and providing reasonable accommodation requests.

For all requests, please include the following information:

Student's diagnosis/condition: _____

Date of most recent office/student visit: _____

Location of office/treatment facility: _____

Type of treatment: _____

Frequency of treatment that requires the student to commute from UVM to the provider's office during the academic year: _____

Duration of treatment (please include start date and anticipated end date):

Reasons for ready access to own transportation (cannot include "just in case")

circumstances):

Describe the student's functional limitation/behavioral manifestation necessitating access to a personal car (as opposed to other campus or public transportation resources):

What is it about the student's functional limitations that necessitates access to a personal car as opposed to other on and off-campus transportation resources?

Are there any possible alternatives if meeting the suggested recommendation is not possible? _____

Provider's name: _____

Provider's office address (if different from above): _____

Provider's office phone: _____

Provider's fax number: _____

Medical Care Provider Signature: _____

Medical Care Provider Printed Name: _____

Today's Date: _____

Please return this form and accompanying documentation to:

Student Accessibility Services

access@uvm.edu

633 Main Street A170 Living/Learning Burlington, VT 05405

Phone: (802) 656-7753 Fax: (802) 656-0739/2023