



July 2008

Disability Parking Permit Application Form

NAME: _____ WKU ID #: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

I have read and understand the policy, *Disability Parking & Transportation Services at WKU*.

Signature _____

Date _____

Medical Consent

- I hereby authorize the Parking & Transportation Services Office to contact the Student Disability Services Office, the Equal Opportunity/504/ADA Compliance Office, or my physician to discuss the nature of my disability in relation to this parking accommodation request.
- I further authorize the release of information to the Parking & Transportation Services Office in support of this request. I understand that the purpose of the release is to aid in the implementation of any accommodations I may be requesting.
- I understand I may cancel or withdraw this authorization in writing to the Parking & Transportation Services Department at any time, but that it may hinder the department's ability to provide the accommodations requested.

Signature _____

Date _____

For Office Use Only			
State Handicap Documentation:		<input type="checkbox"/> License	<input type="checkbox"/> Placard
State	County	Number	Expiration
Medical documentation provided:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessibility Granted:		<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2
		Expiration _____	
Signature _____		Date _____	