



EMORY
UNIVERSITY

Accessibility Services
Office of Institutional
Equity and Compliance

Student Parking Accommodation Request Form

(To be completed by student, please print or type)

Student Name: _____ **Student ID:** _____

Date of Birth: _____

Permanent Address: _____

Telephone: _____ **Email Address:** _____

Location/Residence Hall: _____

Attach Copy of Class Schedule

HIPAA/MEDICAL RELEASE AND AUTHORIZATION

I, _____, hereby authorize Emory University's Department of Accessibility Services to contact the medical provider listed above to request and obtain all medical information for the purpose of exploring coverage and reasonable accommodations under the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

Signature of Student

Date

(To be completed by Physician, please print or type)

Physician Name: _____

Specialization/Type of Practice: _____

DEA/License Number: _____

Work Address: _____

Telephone Number: _____

Email Address: _____

Facsimile Number: _____

Please provide specific medical information associated with the student's condition relative to their limitation and need for accessible/reserved parking.

Patient's Name: _____ Date of Birth: _____

Disability: _____

Restrictions/Limitations: _____

List Duration: Permanent Temporary (Dates: From: _____ To: _____)

Wheelchair/Mobility Equipment Required:

Yes (Dates: From: _____ To: _____) No

List Distance: Number of _____ Feet or _____ Yards an Employee is able to walk.

Indicate Elevation/Step Limit:

No Limit Limit (Approximately _____ steps or _____ feet.)

PHYSICIAN'S CERTIFICATION

I certify that the aforementioned information provided on this form is true and accurate. I understand the information provided on this form will remain confidential and only used for the purpose of providing a reasonable accommodation under the American's with Disabilities Amendment Act of 2008 (ADAAA).

Signature of Physician

Date

RETURN FORM TO:

Emory University

Department of Accessibility Services

1946 Starvine Way, Suite 310

Student Academic and Activity Center

Decatur, Georgia 30033

404-727-9877 (Office)

404-727-1126 (Facsimile)

Email: accessibility@emory.edu