



**EMORY**  
UNIVERSITY

**Accessibility Services**  
**Office of Equity and Inclusion**

**Employee Parking Accommodation Request Form**

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

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Work Location/Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Current Parking Location: \_\_\_\_\_ Requested Parking Location: \_\_\_\_\_

Evacuation Needed:  Yes  No

Comments:

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**HIPAA/MEDICAL RELEASE AND AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Emory University's Department of Accessibility Services to contact the medical provider listed below 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 Employee

\_\_\_\_\_  
Date

**RETURN FORM TO:**

**Associate Director, Faculty and Staff with Disabilities**

**Emory University**

**Office of Accessibility Services**

**404-727-9877 (Office) 404-727-1126 (Facsimile)**

**Email: [oas\\_employee@emory.edu](mailto:oas_employee@emory.edu)**