

UNIVERSITY OF VIRGINIA

REQUEST FOR ACCOMMODATION OF DISABILITY

TO: DEPARTMENT OF PARKING AND TRANSPORTATION
1101 Millmont Street
Charlottesville, VA 22903
Attn: Reserved Parking Manager

DATE: _____

PATIENTS NAME: _____

UNIVERSITY ADDRESS: _____

TELEPHONE NUMBER: _____

We request that you accommodate the special needs of this Patient for transportation and/or access to University facilities.

Type of disability (e.g., walking, stairs, climbing grades): _____

Degree of limitation: _____

University/Public bus system may be used by Patient: Yes _____ No _____

Expected duration of disability: _____

Special requirements: _____

Health Care Provider: _____
(Print)

Signature: _____

This form may be faxed to Parking & Transportation at 924-3980 or mailed to the address above

FOR OFFICE USE ONLY

Date: _____ Approved: Yes _____ No _____

Space/area assigned: _____ Expiration Date: _____

Signature _____
(Assistant Director or Registration Supervisor)