



Accessible Parking Form

Application for accessible parking permit for individual with Disability

SECTION I TO BE COMPLETED BY APPLICANT

Semester Applying for: Fall ___ Spring ___ Summer ___ 901#: _____

Full Name: _____
Last First Middle Initial

Campus/Local Address: _____
Street City State Zip

Campus/Local Telephone Number: _____

Home/Permanent Address: _____
Street City State Zip

Home Telephone Number: _____ Cell Number: _____

EKU E-mail Address: _____ Alternate Email: _____

Classification (Circle one):

Entering Student Freshman Sophomore Junior Senior Graduate

Faculty Staff Retiree

Other: _____

- I am requesting an accessible parking permit due to the following mobility problems and/or medical conditions:

- I require aids for walking, e.g., brace, cane, crutch, another person, wheelchair, or other assisting device. If yes, please specify: _____

By signature below, applicant authorizes physician/ARPN to complete Section II below, and to release information regarding medical condition. I understand that I can revoke this authorization at any time by submitting a written revocation. A revocation will not apply to information that has already been disclosed in reliance on an authorization. I understand that once the information is disclosed pursuant to this authorization it may be re-disclosed by the recipient and the information will no longer be protected by HIPAA. This authorization will expire six (6) months subsequent to the day executed as indicated below.

Signature of Applicant Date

SECTION II TO BE COMPLETED BY PHYSICIAN/APRN

Please answer the questions below and fill out section A or B

1. Specific Diagnosis of medical condition: _____
2. Is this a Permanent disability (Circle one): YES NO

If not Permanent, the temporary disability is valid until: _____ (MM/DD/YYYY)

SECTION A Tier I Parking- Severe Mobility Impairment	SECTION B Tier II Parking- Mobility impairment
<p>I Certify I have treated _____ and that they are an individual with a disability which severely limits or impairs the ability to walk (as set forth by KRS 186.042(1)) as follows:</p> <p>____ cannot walk two hundred (200) feet or 61 meters without stopping to rest;</p> <p>____ cannot walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistant device;</p> <p>____ uses portable oxygen;</p> <p>____ is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;</p> <p>____ is restricted by lung disease to the extent that the person's forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen is less than sixty (60) mm/hg on room air at rest;</p> <p>____ has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association;</p> <p>____ Other - _____</p>	<p>I certify that I have treated _____ and while he/she does not meet the criteria set forth in A. (severe mobility impairment), They have a disability or medical condition which constitutes a visual, audio, or physical impairment, including partial paralysis, heart condition, emphysema, arthritis, rheumatism, or other debilitating condition which limits or impairs their personal mobility or ability to walk.</p> <p style="text-align: center;">1. How does this disability or medical condition limit the person's ability to ambulate?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Physician/ARPN Name (please print) _____ Phone: _____

Physician/ARPN Address _____

Physician/ARPN Signature

Date

Misuse of Accessible Parking Permits

Persons initially applying for or renewing a permit that knowingly submit false documentation or misuse a State Disabled Parking Placard or a University issued Accessible Parking permit will be subject to a fine and could face the possibility of losing all University Parking Privileges.

Obtaining a parking permit under ECU's parking regulations for individuals with disabilities does not entitle the permit holder to violate any other parking and/or traffic regulations. This includes, but is not limited to, parking in fire lanes, loading zones, or parking in a space reserved for other use. Vehicles parked in violation of ECU's regulations are subject to citation. Further, the use of an accessible parking permit by someone other than the person listed on the Vehicle Registration Form and Application for an Accessible parking Permit may result in a citation, and/or termination of the permit.

Approval of accessible parking allows you to park in any accessible space on campus, or any unmarked space. If parking in a pay to park area, you are still required to pay via ParkMobile.

****Once this form is completed please email it to the Parking Office at Parking@EKU.EDU ****