

UNIVERSITY of LOUISVILLE

HANDICAPPED PARKING APPLICATION

NAME	
EMAIL ADDRESS	
UNIVERSITY ID	
DATE OF BIRTH	
HOME ADDRESS	
CITY, STATE, AND ZIP CODE	
PHONE NUMBER	
LICENSE PLATE	
VEHICLE MAKE/MODEL	

Please provide your attending physician's name, address, phone and fax numbers below so we may send a letter requesting a recommendation for handicapped parking at the University of Louisville. This information will be held in strict confidence. Information received will be used solely for the purpose of determining eligibility for handicapped parking at the University of Louisville. All long term handicapped permit approvals will be reviewed after four years.

PHYSICIAN'S FULL NAME	
ADDRESS	
CITY, STATE, AND ZIP	
PHONE NUMBER	
FAX NUMBER	

MEDICAL AUTHORIZATION RELEASE: This signature authorizes the above listed physician to provide the necessary information to the University of Louisville Parking Office for the purpose of issuing handicapped parking privileges on campus.

Applicant's Signature

Date

If additional accommodations (other than parking) are needed, students please contact the Disability Resource Center at 852-6938, and employees, please contact Human Resources at 852-6258.