University of Rochester

PARKING APPLICATION FOR INDIVIDUALS WITH VALID DISABILITY PARKING PLACARDS

This form is intended for University faculty, staff, students and other affiliates who have a state or municipality issued disability parking placard and are requesting a parking lot assignment. Individuals requesting parking lot assignment due to a temporary medical condition should **NOT** complete this form.

1. Applicant Information

Name _____

Employee ID (if applicable) _____

Phone _____

Email _____

Primary Work Location _____

Date of Hire _____

2. Parking Information

All individuals parking in University of Rochester-owned or operated parking lots must possess a valid University-issued parking permit authorizing parking in their assigned lot.

Please select the applicable options below.

Parking Permit Status

☐ I currently hold a valid University-issued parking permit, and I am requesting reassignment to a different parking lot.

Current assigned parking lot: _____

☐ I do not currently hold a valid University-issued parking permit, and I am requesting a parking lot assignment.

Accessible Parking Needs

☐ I require a designated ADA-accessible parking space.

☐ I do not require a designated ADA-accessible parking space, provided my assigned parking lot is located within a reasonable distance of my primary work location or shuttle stop.

Please complete the placard information and certification on page 2.

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3. Placard Information

State issuing placard _____

Placard number _____

Expiration date _____

Driver's license number _____

Please attach a copy of your valid disability placard.

4. Additional Information (Optional)

Provide any additional information about your accessible parking request:

_____

_____

_____

Certification

I certify that the information provided is accurate and that I have a valid state-issued disability parking placard.

Signature (typed): _____ Date: _____

For Office Use Only

Received date _____

Reviewed by _____

Decision: ☐ Approved ☐ Denied

Notes: _____

_____