

Temporary Accessible Parking Request Form

Customers requiring an accessible parking permit for less than one month may have a doctor complete the applicable sections below or provide a state-issued temporary disability placard registration. Upon completion, CampusParc will issue a one-time temporary accessible permit for a period of up to, but not exceeding, 30 days. Prescriptions are not accepted documentation for a temporary disability.

Individuals requiring temporary accessible parking for more than 30 days must obtain a state-issued temporary disability placard. A copy of the disability placard registration must be provided with the permit application.

Additional information regarding accessible parking policies and procedures can be found at osu.campusparc.com.

Personal Information

Completed by the applicant. Please print.

Name *Last, First, M.I.*

OSUID *8 or 9 Digits*

Phone

Home Address

Email Address

Campus Address *OSU Affiliate Only*

Student

Faculty

Staff

Visitor/Contractor

Signature *Date*

By signing this form, I understand that I am requesting accessible parking privileges and agree to comply with all related policies and procedures of the parking system. In addition, I understand that my request may be reviewed by the university's ADA coordinator and that this review process may include contacting my personal physician. I certify that the above information is accurate to the best of my knowledge.

Certification of Applicant's Disability

To be completed by personal physician or health care provider. Please print.

Mobility Limitation (ORC 4503.44) *Check all that apply.*

Is unable to walk 200 feet without stopping to rest.

Uses portable oxygen.

Is unable to walk without use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.

Has a cardiac condition to the extent that the person's function limitations are classified in severity as Class III or Class IV, according to the standards set by the American Heart Association.

Is restricted by a lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by a spirometry, is less than one liter or the arterial oxygen tension is less than sixty millimeters of mercury on room air at rest.

Is severely limited to the ability to walk due to arthritic, neurological, or orthopedic condition.

Other:

Active Accessible Parking Privilege Period

Start Date

End Date *Up to 30 Days*

Physician or Health Care Provider Information

Name *Last, First, M.I.*

Office Address

Signature *Date*

Office Phone

License Number *Including State*

By signing this document, I authorize The Ohio State University's ADA Coordinator to contact me to obtain further patient information if needed. I certify that the above information is accurate to the best of my knowledge.