

**Request for Short Term Mobility Impairment Parking Accommodations
for University of Richmond Main Campus only**

TO BE COMPLETED BY STUDENT					
Name:		UR ID			
Email:	@richmond.edu	Phone #:			
Vehicle Information					
Make:		Model:		Color:	
License Plate:		Permit #:		Year:	
Housing					
Do you live on/off campus?		<input type="checkbox"/> ON <input type="checkbox"/> OFF	Dorm Assignment:		
Off Campus Address:					
Street:				Apt. No.:	
City:		State:		Zip Code:	
APPLICANT CERTIFICATION (Person with disability)					
<p>I understand that misuse, counterfeiting, or alteration of disabled placards may result in revocation of parking privileges. I certify that I have a disability that limits my ability to walk or creates a safety concern while walking. I understand that the disabled parking placard issued to me cannot be loaned to anyone to benefit a person other than myself.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to Parking Services are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation knowing that making a false statement or representation on this form is an honor code violation.</p>					
APPLICANT SIGNATURE:			DATE (mm/dd/yyyy):		
TO BE COMPLETED BY MEDICAL PROFESSIONAL					
Full Name:					
Office Phone:		Email:			
Organization/Practice:					
<input type="checkbox"/>	TEMPORARY RECOMMENDATION:	Start Date:		End Date:	
<input type="checkbox"/>	Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistant of another person.				
<input type="checkbox"/>	Cannot walk 200 feet without stopping to rest.				
<input type="checkbox"/>	Restriction by respiratory or cardiac condition that cause functional limitations (includes the use of portable oxygen).				
<input type="checkbox"/>	Severe limitation in a person's ability to walk due to an arthritic, neurological, or orthopedic condition.				
<input type="checkbox"/>	Other (please describe below)				
TO BE COMPLETED BY PARKING SERVICES					
TEMPORARY PLACARD (up to 2 months)					
<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE		Replacement <input type="checkbox"/> Placard <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed/Mutilated		PLACARD RECEIPT NUMBER	
				PLACARD EXPIRATION DATE:	

A medical professional is defined as a licensed Physician, Physician Assistant, Nurse Practitioner, Chiropractor, Podiatrist, Licensed Trainer, Physical Therapist