Accessible Parking Request Form

Eastern Kentucky University

Special parking privileges may be given to qualified persons upon completion and approval of this application. Incomplete forms or substitute forms will not be accepted. If appropriate, a temporary parking permit can be provided during the application process. Do not hesitate to contact Parking & Transportation Services (859-622-PARK) if you need assistance.

The applicant must complete **SECTION 1** and the applicant's physician complete **SECTION 2.**

Section I...Completed by Applicant

Name: Last _____ First _____ EKU ID # _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

By signature, the applicant attests that he/she has a physical or mental impairment that substantially limits his/her mobility, this impairment conforms to KRS 186.042, and the information provided is correct and factual.

Signature of Applicant: _____ Date: ____/____/_____

Section II...Completed by Physician

I have treated the above applicant and attest they have a physical or mental impairment that substantially limits their mobility and this impairment conforms to KRS 186.042.

Please check one. (KRS 186.042)

____cannot walk 200 feet without stopping to rest;

____cannot walk without assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisting device;

____is restricted by lung disease to the extent that the person's forced respiratory volume for (1) second, when measured by spirometry, is less than (1) liter, or the arterial oxygen tension is less than (6) mm/hg on room air at rest;

____uses portable oxygen

____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 standards set by the American Heart Association;

____is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

This impairment is ____permanent ____temporary. If temporary final date____/____/_____

Comments: _____

Physicians Name (please print):_____Phone:_____

Physicians Signature: _____ Date: ____/____/_____