

YALE UNIVERSITY
REQUEST FOR PARKING PRIVILEGES FOR PERSONS WITH DISABILITIES
This form must be completed by the employee and the employee's medical provider.

Employee's Name: _____

Signature: _____

Campus Address: _____

Campus Phone Number: _____

1. Is this a permanent disability? Yes _____ No _____

If no, length of time special parking will be needed. _____

2. Does this employee hold a State of Connecticut handicapped permit? Yes _____ No _____

If yes, please attach a copy of the permit to this form.

3. Is this employee able to ride the University's Special Services Van (a door to door service offered to Yale employees with disabilities)? Yes _____ No _____

4. Number of city blocks employee can walk? _____

5. Please attach documentation of medical condition which necessitates special parking (Medical details will be treated as confidential information).

Signature of employee's health care provider: _____

Date: _____

This request will be reviewed by the Office of Equal Opportunity Programs (telephone number 432-0849). If approved, Yale Parking Service will make every effort to assign parking as close as possible to the applicant's place of employment as circumstances allow. Door to door van service is available from parking lots to Yale buildings.

Please return form to:

Director of Office for Equal Opportunity Programs
104 WLH
P.O. Box 208305
New Haven, CT 06520-8302

Approved: _____ Rejected: _____

Signature: _____ Date: _____