



Robin G. Guay
Parking Operations Coordinator

Special Parking Request Temporary Physical Disability Form

Dartmouth Parking is very limited. Special parking requests for temporary disabled Employees or Students will be granted at the discretion of the Parking Office. The information contained in this form is CONFIDENTIAL and will be kept in a secure file.

IMPORTANT *This form must be completed by a medical provider and attached to a short letter on professional letterhead.*****

Date_____

Name of Employee/Student_____

Department/Student Year_____

1. What is the diagnosis or diagnoses?

2. Does this condition significantly limit any of the following? Which?

- Walking
- Performing manual tasks
- Other

3. Describe the functional limitation(s) and how they justify the need for a temporary disabled parking permit.

Functional limitation is:

_____mild

_____moderate

_____severe

Expected duration of functional limitations:

_____weeks

Signed_____

Print name_____

Title/Credentials_____

Phone_____

Email Address and Fax_____

Please contact Robin Guay, Parking Operations Coordinator, with any questions regarding the policies described above at 603-646-3311, or e-mail at Robin.Guay@Dartmouth.edu. Fax 603-646-9200.