



Below is the Application for Accessibility Parking. This form must be filled out by both the requestor and a doctor. Please make sure that your application includes the following:

- A clear diagnosis of the disability/condition written by a medical professional
- Documentation of the disability must be current. (The age of the required documentation also may be dependent upon the nature of the disability and the specific requested accommodation.)
- Duration of recovery if a temporary injury
- A statement of the functional impact and limitations of the disability in regards to mobility. If the permit is requested for medical appointments the frequency, location, and duration of the appointments must be cited by the doctor.
- Please note parking in an accessible parking space is only permitted with a state issued placard.

Please make sure that all of the required information above is included in your doctor's letter.

A DECISION CANNOT BE MADE WITHOUT THE INFORMATION ABOVE. THE LENGTH OF TIME NEEDED TO MAKE A DECISION WILL INCREASE IF INFORMATION IS UNCLEAR OR INCOMPLETE.

If any information is unclear or missing the permit timeline for a decision can increase. So, we ask that all information be included in the application to make the process as quick as possible.

All requests made by faculty and staff are reviewed by Transportation & Parking and by William Murphy, Associate Vice President for Human Resources. All requests made by students are reviewed by the Assistant Dean for Students with Disabilities.

Sincerely,

Rory Stein
Assistant Dean for Students with Disabilities

Application for Accessibility Parking

Due to limited availability of parking on the Boston College campus, accessibility permits are only issued to individuals with appropriate documentation and demonstrated need. All permits require annual verification from a physician. Permit prices will be adjusted if granted accordingly.

To be Completed by Requestor:

Please Check One: Student Employee Other Last Name: _____

First Name: _____ **Today's Date:** _____ **Email Address:**

_____ **Telephone:** _____ **Campus Address:**

_____ **Local Address (City, State)** _____

Eagle ID #: _____ **Class Year (if appropriate):** _____

Detailed rationale for accessibility permit request: (Please attach details on another sheet of paper if needed)

What type of permit are you looking to obtain?

Temporary Parking Overnight Parking Resident Student Parking

Commuter Parking

For what parking area are you seeking access? A M R G **Description**
of permit types:

[http://www.bc.edu/content/bcontwntnt1.e384t14.9\(w\)-2.ntntwntntar006 pl\(nt\)-n8\(nt1y\(nt1e\)-2.\)-3.8\(nt\)5 26814.9-5](http://www.bc.edu/content/bcontwntnt1.e384t14.9(w)-2.ntntwntntar006 pl(nt)-n8(nt1y(nt1e)-2.)-3.8(nt)5 26814.9-5)

Signature of Physician: _____ Date: _____

Return this form to:

Disability Services Office

Email: disabsrv@bc.edu

Fax: 617-552-3473