

NC State University Request for Temporary Accessible Parking

This form is to be used for temporary conditions requiring accessible parking and/or consideration of a different location. If you have a state-issued disability placard and do not need to park outside of your authorized area, you do not need to submit this form. Please send a photocopy of your placard and registration to cblakel@ncsu.edu to register your placard with Transportation. If you are requesting a parking change based on disability limitation and not for temporary accessible parking, Staff/Faculty should contact OIED (oied.ncsu.edu) and students should contact DRO (dro.dasa.edu).

Parking changes are considered upon the completion of this application by an attending physician (non-family related).

Available alternatives to consider:

WolfPack Pickup provides golf-cart service for students and employees from point A to point B on campus. Visit wolfpackpickup.dasa.ncsu.edu for more information.

All NC State buses, Wolfline, are wheelchair accessible with a low floor, kneeling buses for easy access.

All Fields Must Be Completed
The requestor will be contacted after the application has been reviewed

Employee/Student Name: _____ Campus ID Number: _____
Campus Email Address: _____ Daytime Phone Number: _____

Question to be completed by requestor

What parking accommodation/locations(s) are you requesting? _____

By signing below I certify that the information provide is true and accurate.

Requestor's Signature _____ Date _____

Authorizing non-family related physician section

Physician's Name: _____ Phone Number: _____
Name of Practice: _____
Practice Address: _____

Questions 1 – 3 to be completed by attending physician
(Please type or write legibly using terminology easily understood by non-medical staff)

1. Describe the individual's physical condition/limitations and how it would be beneficial to having upgraded parking or change in parking location. _____
2. Provide any additional information stating how the bus may not be reasonable and that this may require the temporary change in parking. _____
3. Expected duration of condition: _____
 - a. North Carolina disability placard required if accommodation exceeds 2 weeks.

By signing below I certify that the information provide is true and accurate.

Attending Physician's Signature _____ Date _____

Return this completed form to NC State Transportation, Box 7221, Raleigh, NC 27695-7221 or via email to cblakel@ncsu.edu