NC State University Request for Temporary Accessible Parking

Long-Term Accessibility Accommodations- With DMV Placard
Please submit a copy of your DMV placard/registration to cblakel@ncsu.edu. This Temporary Accessible Parking form is not required for long-term requests.

Temporary Accessibility Accommodations- With DMV Placard
Please submit this form and a copy of your DMV placard/registration to cblakel@ncsu.edu.

Temporary or Long-Term Accommodations- Without DMV Placard
Please submit this form and any needed supporting documentation to cblakel@ncsu.edu.

If you are requesting a parking change for reasons outside of accessibility, you may be referred to OIED or DRO before accommodation can be made. Staff/Faculty should contact OIED (oied.ncsu.edu) and students should contact DRO (dro.dasa.edu) to open a request for accommodation.

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

Employee/Student Name: ____________________ Campus ID Number: ______________________
Campus Email Address: ______________________ Daytime Phone Number: __________________

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 generally how it would be beneficial for this individual to have proximal parking or a change in parking location. ______________________________________

2. Can this individual utilize the bus to travel between their parking location and destination? ______________________________________

3. Expected duration of condition (if temporary): ______________________________________
   a. North Carolina disability placard required if accessibility 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