

# NC State University Request for Temporary Accessible Parking

## Temporary or Long-Term Parking With a DMV Placard

If you have a DMV-issued disability placard and need accessible parking on campus, please send a photo or copy of your DMV disability placard and a note about where you need parking access on campus to [cblakel@ncsu.edu](mailto:cblakel@ncsu.edu). Once this information is submitted, Transportation will register your placard into our system and work with you to determine the most appropriate option available.

## Temporary or Long-Term Accommodations Without a DMV Placard

Please be aware that NC State Transportation cannot allow customers to park in ADA spaces on campus for any length of time without a DMV placard.

Transportation will provide a maximum of two weeks of close-proximity parking to individuals with accessible parking needs and no DMV disability placard. To obtain two weeks of close proximity parking, please complete the form below with your physician and return it to [cblakel@ncsu.edu](mailto:cblakel@ncsu.edu). Parking changes are considered upon the completion of this application by an attending physician (non-family related).

If you do not have a DMV-issued disability placard and need more than two weeks of close-proximity parking on campus or need long-term modifications made, please reach out via email to [cblakel@ncsu.edu](mailto:cblakel@ncsu.edu).

### **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](http://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.

**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 provided 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 provided 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](mailto:cblakel@ncsu.edu)**