

# Medical Parking Permit Application

## Student

Name of Student (Last, First, Middle Initial)	Messiah ID #
Resident Building, (or list Commuter)	Current Parking Lot (if applicable)

As a member of the Messiah University Community, I understand the serious nature of requesting a medical accommodation for parking and certify that I have a medical necessity that severely affect mobility or involves acute sensitivity to light or cold. I recognize that disability parking is only to be used by those who qualify as disabled or are requiring a medical accommodation by a certified health care provider. I understand that those who abuse this privilege will forfeit their parking spot and accept disciplinary actions as stated in the Messiah University Student Handbook.

\_\_\_\_\_  
 Date Student Signature

## Physician (to be completed by MD or DO ONLY)

Name of Physician	Business Address
Professional Classification	
Professional License #	(Area code) Telephone Number

**Student Medical Accommodation**

Medical parking duration required (weeks)  
(choose one)

1  
  2  
  3  
  4  
  5  
  6  
  7  
  8 (maximum 8 weeks)

Student cannot continuously walk more than \_\_\_\_\_ feet

This student qualifies and has applied for a state issued handicap placard and should park in a handicap space.

\_\_\_\_\_  
 Date Signature of MD or DO **only**