Applicant

<table>
<thead>
<tr>
<th>Print or Type name of applicant (Last, First, Middle Initial)</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Building, (or list Commuter)</td>
<td>Current parking lot (if applicable)</td>
</tr>
</tbody>
</table>

Please list class schedule and building location in the space provided. Also include off campus work schedule if resident student.

**Student Needs:**
- [ ] to be able to park close to my Residence Hall
- [ ] to drive to and from class, and park at my class building
- [ ] Both

As a member of the Messiah College Community, I understand the serious nature of requesting a medical accommodation for parking and certify that I have a medical necessity that severely affects 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 College Student Handbook.

Date: ____________________________  Applicant signature: ____________________________

**Physician**

<table>
<thead>
<tr>
<th>Print or Type name of physician</th>
<th>Professional classification</th>
<th>Professional License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City, State, ZIP code: ____________________________  (Area code) Telephone number: ____________________________

**I certify the following:**

**Privilege duration required**
(choose one)

- [ ] 1  2  3  4  5  6 weeks

**Type of disability**

- [ ] Cannot walk _________ feet without stopping to rest
- [ ] Severely limited in ability to walk due to arthritic, neurological, or orthopedic condition
- [ ] Cannot walk without the use of assistive device
- [ ] Uses portable oxygen
- [ ] Class III impairment by cardiovascular disease
- [ ] Class IV impairment by cardiovascular disease
- [ ] Has a disability resulting from acute sensitivity to automobile emission, which limits or impairs the ability to walk and the severity of this disability is comparable to other conditions listed above
- [ ] Restricted by a form of porphyria to the extent that the applicant would significantly benefit from a decrease in exposure to light
- [ ] Legally blind with limited mobility

Date: ____________________________  MD, DO, DC, DPM, ND, ARNP, or PA Signature: ____________________________

_____ Disability is permanent/lifetime

I certify the following: