



BOSTON COLLEGE

AUXILIARY SERVICES

To Whom It May Concern:

Below is the Application for Accessibility Parking. This form must be filled out by both the requestor and a doctor. Your application must include the following:

1. A clear diagnosis of the disability/condition written by a medical professional.
2. Documentation of the disability must be current. (The age of the required documentation also may be dependent upon the nature of the disability and the specific requested accommodation.)
3. A statement of the functional impact and limitations of the disability in regards to mobility. If the permit is requested for medical appointments the frequency, location, and duration of the appointments must be cited by the doctor.
4. ***A list of recommended parking accommodations with an explanation of its relation to the disability or condition.***

Please make sure that all of the required information above is included in your doctor's letter.

A DETERMINATION ON YOUR PERMIT CANNOT BE MADE WITHOUT THE INFORMATION ABOVE AND THE LENGTH OF TIME NEEDED TO MAKE A DECISION WILL INCREASE IF INFORMATION IS UNCLEAR OR INCOMPLETE.

If any information is unclear or missing the permit timeline for a decision can increase. So, we ask that all information be included in the application to make the process as quick as possible. The application can be faxed to the Transportation and Parking Office at 617-552-0969, or can be dropped off at our office in Rubenstein Hall. If you should have any further questions about your application please call us at 617-552-0151.

All requests made by faculty and staff are reviewed by Transportation & Parking and by Robert Lewis, Associate Vice President for Human Resources. All requests made by students are reviewed by Transportation & Parking and Suzy Conway, Assistant Dean for Students with Disabilities.

Regards,

P.J. Cappadona
Manager, Transportation and Parking

**Application for Accessibility Parking
Office of Auxiliary Services**

Due to limited availability of parking on the Boston College campus, accessibility permits are only issued to individuals with appropriate documentation and demonstrated need. All permits require annual verification from a physician.

To be Completed by Requestor:

Last Name: _____ First Name: _____ Today's Date: _____

Email Address: _____ Telephone: _____

Campus Address: _____ Local Address (City, State) _____

Eagle ID #: _____ Class Year (if appropriate): _____

Detailed rationale for accessibility permit request: (Please attach details on another sheet of paper if needed)

What type of permit are you looking to obtain?

Temporary Parking Overnight Parking Resident Student Parking Permit for Year

What parking area do you need to park? A M R G

Signature of Requestor (Required for release of information): _____

A medical report or letter, responding to items listed below can be attached to this application for review in lieu of using this form. Specific information regarding the nature of the problem **MUST** be provided in order to properly evaluate this documentation. Failure to supply necessary, comprehensive and accurate information will result in a decision being delayed.

Physicians Name (Print): _____ Name of Practice: _____

Address (City, State): _____

Telephone: _____ Fax: _____

Please use terminology easily understood by non-medical staff.

1. Please describe patient's condition: _____

2. Duration of Impairment:

Permanent – Should obtain state HP placard
 Temporary –Expected duration of impairment _____

3. If needed for doctor's appointments please state:

Frequency of doctor's visits _____

Location of doctor's visits: Street and # City/Town State

4. Reason for Doctor's Visits Medical Physical Therapy
 Therapy w/psychologist/psychiatrist, etc... Other _____

5. Does person require a wheel chair/scooter? NO YES

6. Please indicate the maximum distance that can be negotiated without endangering patient's health
(Circle one): <200 Ft. 200-300 Ft. 400 Ft. 2-3 Blocks 3-4 Blocks >4 Blocks

7. Can the individual park in an outer lot and ride a transit system (which is fully accessible) with this condition? YES NO If no, explain

Signature of Physician: _____ Date: _____

Return this form to:
Boston College Transportation & Parking
Office of Auxiliary Services
140 Commonwealth Avenue, Rubenstein Hall – C1, Chestnut Hill, MA 02467
Phone: 617-552-0251 Fax: 617 552-0969

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