

4. Does this condition/impairment require ongoing treatment?

5. Please describe the functional limitations resulting from the condition/disability and any information relating to the student's needs that will require a student to have a vehicle on campus.

6. Please provide specific accommodation and justification for each exception to parking regulation.

6a. Accommodation:

Justification:

Necessary Beneficial but not necessary

6b. Accommodation:

Justification:

Necessary Beneficial but not necessary

7. If the student is requesting an accommodation of a medical parking exception for the purpose of attending off-campus medical appointments and/or treatments, please provide the following:

7a. The frequency and duration of the scheduled appointments/treatments

7b. Start and end dates of appointments/treatments

7c. Why public transportation such as buses, Uber, Lyft, or cabs are not an appropriate alternative form of transportation?

7d. Why available (if any) telehealth services cannot be used as an alternative for in person appointments?

Name/Title _____

Address _____

Phone _____ License Number _____

Signature of provider _____ Date _____

By typing your full name, you are hereby signing this form.

Please email the completed form to non-academic-accom@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.