



Office of Student Disability Services

423 Wells Hall ■ Murray, KY 42071
Tel: (270) 809-2018 ■ Fax: (270) 809-4339
TDD: (270) 809-5889

ACCESSIBLE PARKING FORM
Application for an Accessible Parking Permit for a Student with a Disability

SECTION I- TO BE COMPLETED BY APPLICANT

Semester Applying for: Fall _____ Spring _____ Summer _____ M#: _____

Student Full Name: _____
Last First Middle Initial

Campus/Local Address _____
Street City State Zip

Campus/Local Telephone Number: _____

Home/Permanent Address: _____
Street City State Zip

Home Telephone Number: _____ Cell Number: _____

MSU E-mail Address _____ Alternate Email: _____

Classification: Entering Student Freshman Sophomore Junior Senior Graduate
 Other: _____

I am requesting an accessible parking permit due to the following mobility problems and/or medical conditions: _____

Yes No - I require aids for walking, e.g., brace, cane, crutch, another person, wheelchair, or other assisting device. If yes, please specify _____

By signature below, applicant authorizes physician/ARPN to complete Section II below, and to release information regarding medical condition. I understand that I can revoke this authorization at any time by submitting a written revocation. A revocation will not apply to information that has already been disclosed in reliance on an authorization. I understand that once the information is disclosed pursuant to this authorization it may be re-disclosed by the recipient and the information will no longer be protected by HIPAA. This authorization will expire six (6) months subsequent to the day executed as indicated below.

Signature of Applicant _____ Date _____

SECTION II- TO BE COMPLETED BY PHYSICIAN/APRN

Please address questions 1 and 2 then complete either Section A or B (one section only)

1. Specific diagnosis of medical condition: _____

2. Is this a Permanent Disability? Yes No

If not permanent, the temporary disability is valid until: Month _____ Day _____ Year _____

SECTION A: Tier I - Parking – Severe Mobility Impairment

I certify that I have treated _____ and that he/she is an individual with a disability,
(Name of Patient)
which severely limits or impairs the ability to walk (as set forth in KRS 186.042(1)) as follows (Check as applicable):

_____ cannot walk two hundred (200) feet or 61 meters without stopping to rest;

_____ cannot walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistant device;

_____ uses portable oxygen;

_____ is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;

_____ is restricted by lung disease to the extent that the person's forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen is less than sixty (60) mm/hg on room air at rest;

_____ has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association;

_____ Other - please explain _____

SECTION B: Tier II - Parking – Mobility Impairment

I certify that I have treated _____ and while he/she does **not** meet the criteria set forth
(Name of Patient)
in A. above (severe mobility impairment), he/she has a disability or medical condition which constitutes a visual, audio, or physical impairment, including partial paralysis, heart condition, emphysema, arthritis, rheumatism, or other debilitating condition **which limits or impairs their personal mobility or ability to walk.**

1. How does this disability or medical condition limit the person's ability to ambulate?

Physician/ARPN Name (please print) _____ Phone: _____

Physician/ARPN Address _____

Date _____ Physician/ARPN Signature _____

Return form to: Murray State University, Office of Student Disability Services, 423 Wells Hall, Murray, KY 42071

Please return this completed form to the Office of Student Disability Services
Equal education and employment opportunities M/F/D, AA employer

APPEALS PROCESS

Any person seeking to appeal the decision of the Director of the Office of Student Disability Services must submit, in writing, a request to review the decision of the Director. This appeal must be delivered to the Office of Institutional Diversity, Equity and Access, within five (5) working days of receipt of the Director of the Office of Student Disability Services' decision. The request shall state reasons why the party is requesting a review and may contain any information for consideration. The Office of Institutional Diversity, Equity and Access will refer the appeal to the Affirmative Action Subcommittee on Disabilities. The committee may confirm, amend, or modify the decision of the Director of the Office of Student Disability Services. The decision of the committee shall be final.

MISUSE OF ACCESSIBLE PARKING PERMITS

Persons initially applying for or renewing a permit that knowingly submit false documentation or misuse a State Disabled Parking Placard or a University issued Accessible Parking permit will be subject to a fine and could face the possibility of losing all University Parking Privileges.

Obtaining a parking permit under MSU's parking regulations for individuals with disabilities does not entitle the permit holder to violate any other parking and/or traffic regulations. This includes, but is not limited to, parking in fire lanes, loading zones, or parking in a space reserved for other use. Vehicles parked in violation of MSU's regulations are subject to citation. Further, the use of an accessible parking permit by someone other than the person listed on the Vehicle Registration Form and Application for an Accessible parking Permit may result in a citation, and/or termination of the permit.

RETURN FORM TO:

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