



Student Access Office  
tel. 516.877.3806  
fax. 516.877.3139  
1 South Avenue  
GARDEN CITY, NY 11530

**Accessible Parking Permit Application**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Please Describe Disability:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

**Address of Physician:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number of Physician:** \_\_\_\_\_

**I hereby certify that the above statements are true and authorize the physician named above to furnish any information requested by the Director of Student Access Office concerning the diagnosis, prognosis and treatment of my described disability.**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Initial Application Procedure for an Accessible Parking Permit

1. Complete the Accessible Parking Permit Application.
2. Have your doctor complete and sign the attached *Medical Verification Form* or *supply detailed documentation on letterhead from your physician.*
3. Return the completed Accessible Parking Permit Application to Student Access Office
4. Provide License Plate Number here: \_\_\_\_\_
5. Provide Adelphi University Parking Decal Number here: \_\_\_\_\_

## Window Display Instructions

- The Parking Permit **must be displayed** in the dash of your vehicle any time that you are using handicapped parking on campus.
- The Parking Permit must be renewed annually.
- The Parking Permits are issued only to student who are currently enrolled in the University.
- Please be informed that you must also display your NYS or County Accessible Parking Pass or Public Safety will ticket your vehicle.

**Medical Verification Form**

**In accordance with the New York State definition of “person with a severe disability” Adelphi University requires the following information:**

**Patient Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Please check applicable condition(s):**

“person with a severe disability” shall mean any person who has any one or more of the following disabilities which are permanent in nature.

- Has limited or no use of one or both lower limbs.
- Has a neuro-muscular dysfunction, which severely limits mobility.
- Has a physical or mental impairment or condition which is other than those specified, but is of such nature as to impose unusual hardship in utilization of public transportation facilities and such condition is certified by a physician duly licensed to practice medicine in this state as constituting as equal degree of disability (specifying the particular condition) so as to prevent such person from getting around without great difficulty in accordance with subdivision two of this section.

**Please describe Disability:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe Limitations in Ambulating (include use of aids to walking such as cane, crutches, walker, braces wheelchair, prosthesis, other):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this condition permanent? (Permanent conditions must show NYS accessible parking pass)**

\_\_\_\_\_ **If no, How long?**

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**I AM A MEDICAL DOCTOR LICENSED TO PRACTICE IN NEW YORK STATE, AND IN MY PROFESSIONAL OPINION, I BELIEVE THAT APPLICANT’S MOBILITY DISABILITY CONDITION DOES WARRANT AN ACCESSIBLE PARKING PERMIT, ACCORDING TO THE ABOVE DEFINITION OF “PERSON WITH A SEVERE DISABILITY”.**

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **N.Y.S. Practicing License #:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_