Transportation and Parking Office
Boston College

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. Please make sure your application includes 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.***
5. Parking in an accessible parking space is only permitted with a state issued placard**.**

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

EMPLOYEES - This form should be submitted to the Office of the Vice President for Human Resources at accommodation@bc.edu or call (617) 552-2373. All requests made by faculty and staff are reviewed by the Office of the Vice President for Human Resources.

STUDENTS - This form should be submitted to the Disabilities Services Office at disabsrv@bc.edu or call (617) 552-3470. All requests made by students are reviewed by the Disabilities Services Office.

Sincerely,

Gabriel Parker
Director Transportation and Parking

Application for Accessibility Parking
Office of Auxiliary Services

Due to limited availability of parking on the Boston College campus, permits are only issued to individuals with appropriate documentation and demonstrated need. All permits require annual verification from a physician. Permit prices will be adjusted if granted accordingly.

Part 1 – To be filled out by the Requestor

Please check one: ☐ Student ☐ Employee (Faculty or Staff) ☐ Other:_____	What type of permit are you looking to obtain? ☐ Temporary Employee Parking ☐ Resident Student Overnight Parking ☐Other, please specify: _____	
First Name:	Last Name:	Eagle ID:
Campus Phone (if applicable):	Mobile Phone:	Email Address:
Campus Address:	Other locations you frequent on campus:	
Detailed rationale for accessibility permit request (Please attach another sheet of paper if needed):		
Signature	Date	

Part 2 – To be filled out by Medical Provider

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 request MUST be provided in order to properly evaluate this documentation.		
Physician's Name:	Name of Practice:	
Address:	Telephone:	Fax:

Description of Patient's condition (Please attach another sheet of paper if needed):	
Duration of Impairment: ☐ Permanent – Should obtain state HP placard ☐ Temporary – Expected duration: _____	Does this Person Require a Wheelchair/Scooter?: ☐ Yes ☐ No
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	
Can the individual park in an outer lot and ride a transit system (that is fully accessible) with this condition? ☐ Yes ☐ No If no, explain: _____	
Reason for doctor's visits: ☐ Medical ☐ Physical Therapy ☐ Therapy (w/ psychologist, psychiatrist, etc.)	
*If needed for doctor's appointments, please state: Frequency of doctor's visits:	Location of Doctor's Office:

Physician's Signature: _____ Date: _____

Employees: Return this form to the Office of the Vice President for Human Resources, email: accommodation@bc.edu or call 617-552-2373

Students: Return this form to Disabilities Services Office, email: disabsrv@bc.edu, fax: 617-552-3473 or call 617-552-3470