



Parking Accommodation Request Form For Individuals with Temporary and Permanent Disabilities

Wellesley College Accessibility and Disability Resources
106 Central Street, Wellesley, MA 02481
Phone: 781.283.1300
Accessibility@wellesley.edu

Please complete and return the Parking Accommodation Request Form to Accessibility and Disability Resources (ADR). A doctor or other certified health care professional completes the second section.

Upon receipt of this completed form, ADR will make a recommendation to Campus Police that may include parking in a closer lot or use of disability/accessible parking spaces.

I. To be completed by the Parking Accommodation Applicant

Name _____ Student Staff Faculty Guest

Campus Residence/Work Location _____ Phone _____

Disability, Health issue, or Injury _____

Parking Lot or Disability/Accessible Parking Location Requested

Car Info: Year _____ Make _____ Model _____ Color _____

License Plate Number _____ State Issued _____

Signature: _____ Date: _____

II. To be completed by a Medical Professional

Name _____ Title/Credentials _____

Address _____ Phone _____

Diagnosis _____

Prognosis (temporary or permanent condition, if temporary-how long?) _____

Walking Limitations _____

Recommendations _____

Signature _____ Date _____