



ACCESSIBLE PARKING FORM

Application for an Accessible Parking Permit for a Faculty or Staff with a Disability

SECTION I TO BE COMPLETED BY APPLICANT

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

Employee Full Name _____ SSN#: _____
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: _____

Employee Status: Faculty Staff Retiree Other: _____

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

Does the applicant require aids for walking, e.g., cane, walker, wheelchair, or other assisting device?
 No 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 _____

FOR FACULTY & STAFF ONLY

SECTION II TO BE COMPLETED BY PHYSICIAN/APRN

Please Complete Section A or B

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 _____

Check One: This is a Permanent Disability
 Temporary Disability – Valid until: Month____ Day____ Year____

B. Tier II - Parking – Mobility Impairment

I certify that I have treated _____ and while he/she does **not** meet the criteria set
(Name of Patient)
forth 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. Specific diagnosis of medical condition: _____

This condition is Permanent Temporary – Valid until: Month____ Day____ Year____

2. 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 Institutional Diversity, Equity and Access, 103 Wells Hall, Murray, KY 42071

Please return this completed form to the Office of Institutional Diversity, Equity and Access
Equal education and employment opportunities M/F/D, AA employer

APPEALS PROCESS

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

RETURN FORM TO:

Murray State University

Office of Institutional Diversity, Equity and Access

103 Wells Hall ■ Murray, KY 42071

Phone: (270) 809-3155 ■ TDD: (270) 809-3361 ■ Fax: (270) 809-6887

FOR FACULTY & STAFF ONLY