

Accessible Parking Permit Application
East Carolina University

This application aids the Director of Disability Support Services in determining whether those with physician–documented disabilities are eligible for reasonable parking accommodations. Individuals who have questions or concerns regarding the submission of the following information to PARC should contact Liz Johnston at The Department for Disability Support Services, (252) 737-1016.

To be completed by the APPLICANT:

Name: _____ Daytime Telephone Number: _____

Home Address: _____

City _____ State _____ Zip _____

Campus Address: _____

Please Check Status: () Student () Faculty () Staff: Please include job title _____

Please list registered vehicles: License Plate _____ State _____ Vehicle Make _____ Color _____

Current NC or other state HC placard number _____

Do you currently have an ECU parking permit? YES NO If so, for what zone? _____

Zone in which you are requesting accessible parking: _____

Are you requesting a temporary or permanent disability permit? **temporary** (circle one) **permanent**

By my signature I voluntarily authorize my physician to release the information requested below and to speak with a representative of the University for clarification if needed:

Signature Date

To be completed by a LICENSED PHYSICIAN (unrelated to the applicant).

Physician's Printed Name _____

Specialty _____

Address _____

Telephone Number _____ Fax Number _____

Date of last visit _____

1. Please give specific diagnosis (include ICD-9-CM codes) : _____

2. Is condition temporary or permanent? _____ If temporary, anticipated length of recovery _____

3. Please indicate which of the following criteria (adapted from NC General Statute 20-37.5) qualify this applicant for accessible parking.

Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume of one second, when measured by spirometry, is less than one liter, or the arterial oxygen is less than 60mm/hg on room air at rest.

Uses portable oxygen.

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 standards set by the American Heart Association.

Is severely limited (cannot walk 200 ft) in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Cannot walk 200 feet without the use or assistance from a brace, cane, crutch, another person, wheelchair, prosthetic device or other assistive device.

The applicant cannot walk 200ft without stopping to rest (**limitation should not be for parking purposes only, restriction should apply equally to other activities of daily living**).

Is totally blind or whose vision with glasses is so defective as to prevent the performance of ordinary activity for which eyesight is essential.

4. Does the impairment prohibit the individual from utilizing a transit system? _____

Physician's Signature: _____
(original signature required) Date

Please return this form to: The Department for Disability Support Services, East Carolina University, 138 Slay, Greenville, NC 27858
Office use only: review date _____ zone issued _____ Type of permit: temporary or permanent Exp: _____