CERTIFICATION OF MEDICAL NEED FOR PARKING
Please return to: Parking Services, 306 Broad Street, Warrensburg, MO 64093

To be completed by applicant:

Name:___________________________________________ Student ID#:_________________________

Phone #:____________________________________ Employee: ____________ Student:____________

This MEDICALLY DISABLED PERMIT will be granted for a specific time interval. I understand that any
falsification of information on this form will result in termination of my parking privileges.

APPLICANT'S SIGNATURE:____________________________________ Date:____________________

To be completed by Physician: (Please type or print legibly) Before this application is completed,
please read the letter of explanation on the reverse side.

PHYSICIAN’S NAME:____________________________________ PHONE_______________________

ADDRESS:__________________________________________________________________________

_____ SHORT-TERM: For less than a semester (16 weeks) and would include, for example, post-
operative recovery, complications of pregnancy, or orthopedic problems, etc.

LENGTH OF TIME NEEDING PERMIT:____________________________________________________

DESCRIPTION OF CONDITION IN NON-TECHNICAL TERMS:________________________________

MAXIMUM DISTANCE ABLE TO WALK - FLAT SURFACE:___________ STEPS:___________

_____ TEMPORARY: For a period of time longer than a semester (16 weeks) but not necessary for life.

LENGTH OF TIME NEEDING PERMIT:____________________________________________________

ENCLOSE LETTER EXPLAINING DISABILITY OR COPY OF MO PHYSICIAN’S STATEMENT FOR
DISABLED PERSON’S LICENSE PLATES/PLACARD

_____ PERMANENT: For individuals with permanent disabling conditions.

ENCLOSE LETTER EXPLAINING DISABILITY OR COPY OF MO PHYSICIAN’S STATEMENT FOR
DISABLED PERSON’S LICENSE PLATES/PLACARD

I certify that the applicant has the physical condition that necessitates disable access to building on
campus.

SIGNATURE OF PHYSICIAN (NO STAMPS):_______________________________________________

DATE:______________________________
Dear Physician,

In the interest of individuals whose medical needs require disabled parking, University of Central Missouri gives consideration to those with special parking needs, however the University has extremely limited parking. A review of past applications has shown a wide variety of time lengths requested for similar conditions.

Consideration for those with special needs will continue, however permission must be granted in a distinct medical category. The categories are as follows:

SHORT-TERM: Duration of the permit will be for a specified length of time less than a semester, (usually weeks) to be stated by the physician. This classification should be suitable for most applicants. This would include conditions such as but not limited to: athletic injuries, most surgeries, complications of pregnancy, etc. Statements such as "for as long as needed", "for duration" will not be accepted. Time lengths must be specific. A brief statement describing the condition on the application will be sufficient.

TEMPORARY: Duration of permit is usually for a semester block. This classification will apply to applications that are expected to recover slowly from extensive operative procedures or require long-term rehabilitation. If the condition requires a disabled access for longer than a semester but will not continue for life, please indicate a specific length of time in a detailed letter or a copy of the state temporary Physician's Statement for Disabled Person's Licenses Plates/Placard.

PERMANENT: To continue for life. This classification will be for those whose disability qualifies them for the disabled permit issued by the State of Missouri. Please include a detailed letter or a copy of the permanent state Physician's Statement for Disabled Person's Licenses Plates/Placard. Individuals who qualify under this category will have Central's Certification of Medical Need for Parking form on file for 4 years

Your cooperation in this matter is sincerely appreciated.

Sincerely,

Parking Services
University of Central Missouri