 Student Accessibility Support Center (SASC)

128 Educational Communications Center (ECC)

 **(P)** 631-632-6748

 **(F)** 631-632-6747

 sasc@stonybrook.edu

**stonybrook.edu/sasc**

Stony Brook University complies with federal and state disability laws requiring that universities ensure equal access to educational programs, services, and activities for qualified persons with disabilities. To assist SASC in assessing the student’s need for an accessible parking pass, please complete the form below.

Please take note of the following as you complete this form:

1. The person completing this form should be a healthcare professional who is either (1) qualified to assess and diagnose the student’s condition, and/or (2) is a part of the student’s treatment plan for a previously diagnosed condition. Examples include psychiatrist, psychologist, therapist, social worker, medical doctor, nurse practitioner, optometrist, speech-language pathologist.
2. Please complete all parts of this form as thoroughly as possible. **Inadequate information, illegible handwriting, or missing fields may delay the review process** and necessitate follow up contact for clarification.
3. Please attach any other documents or information you think would be relevant in determining the student’s academic accommodations.
4. Accessible Parking Permits are registered to a single vehicle for use of the named student. They are not transferable to other vehicles or individuals.
5. Accessible Parking Permits are issued for a length of up to four weeks, and cannot be extended. Students who need a permit for additional time should request a permit through their town of residence.
6. Accessible Parking Permits must be displayed on the vehicle dashboard at all times, and are only valid in marked accessible parking spots on Stony Brook East Campus.

Once completed, please return this form back to the student so that they may deliver it along with their Student Intake to SASC.

If you have questions regarding this form, please call SASC at 631-632-6748.

Thank you for your assistance.

Student Accessibility Support Center

By signing below, you indicate that you have read the above guidelines, and agree to complete the attached form accordingly.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |       | **Date** |       |

Student Accessibility Support Center (SASC)

128 Educational Communications Center (ECC)

 **(P)** 631-632-6748

 **(F)** 631-632-6747

 sasc@stonybrook.edu

stonybrook.edu/sasc

Temporary Accessible Parking Request Form

Section 1: To Be Completed By Student

|  |
| --- |
| **Student Information** |
| Preferred Name: |       | Pronouns: |       |
| Student ID# |       | DOB: |       |
| SBU Email: |       | Telephone: |       |
| License Plate Number: |       | Vehicle Make/Year: |       |
| **Please Note: the Accessible Parking Pass is registered to the vehicle listed above. It may not be transferred to another vehicle.**  |

## Section 2: To Be Completed By Provider

|  |
| --- |
| Diagnosis |

|  |
| --- |
| Complete Diagnosis:      |
| Date of Diagnosis:       | Date of Last Visit:       |
| Procedures/ Assessments Used:       |
| Severity of the Condition: Temporary[ ]  Mild[ ]  Moderate[ ]  Severe [ ]  |
| Please state the medication or treatment currently prescribed:     Side Effects Experienced:      |

|  |  |
| --- | --- |
| **Will an Accessible Parking Pass Provide the Student Access to the University**  | Yes[ ]  No[ ]   |
| **Length of Permit Issue (Permits may be issued for up to four weeks):** |       |

|  |
| --- |
| Provider Information |

|  |
| --- |
| Name:      |
| License/Cert #:      | State:      |
| Address:       |
| Specialty:        |
| Phone:      | Fax:      |

|  |
| --- |
| Affix business card or apply business stamp within this box |

|  |
| --- |
|        |

**Provider, please sign your name below.**

**By doing so, you are certifying that you are the person listed as completing this form,**

**and you verify that you are not related to the student.**

**You also confirm that all information you have provided is accurate.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |       | **Date** |       |

|  |
| --- |
| For Office Use Only: |

|  |
| --- |
|  Date Permit Issued:       Date Permit Expires:       Permit Number:       |