



# UNIVERSITY OF SASKATCHEWAN

## Request for Disability Parking

### Section 1: Applicants Personal Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_  
Physician Address: \_\_\_\_\_

### Section 2: To be completed by Physician

Dear Physician, in order for Parking Services to authorize parking locations for disabilities we require sufficient information to ensure appropriate accommodation. The University follows similar guidelines to the Saskatchewan Abilities Council for distance requirements generally but we do try to accommodate special requests, when identified.

YOU MUST INDICATE WHETHER THIS IS A SHORT TERM OR PERMANENT DISABILITY. IF SHORT TERM AN APPROXIMATE LENGTH OF TIME MUST BE PROVIDED.

- ☐ Employee/Student has an application with Saskatchewan Abilities Parking Program
- ☐ Short term disability:  
approximate length of time for parking to be provided \_\_\_\_\_  
\* if greater than time specified, the applicant will need to re-apply for an extension, with supporting medical documentation.  
\*comfortable distance, applicant can walk \_\_\_\_\_
- ☐ Permanent disability:
- ☐ The applicant uses a wheelchair or a motorized scooter
  - ☐ The applicant uses a mobility aid:  
☐ \_\_\_ walker \_\_\_ cane \_\_\_ crutches \_\_\_
  - ☐ Other,
  - ☐ Comfortable distance, applicant can walk \_\_\_\_\_
- ☐ The applicant has a disability which is not visible.
- ☐ Comfortable distance, applicant can walk \_\_\_\_\_

### Section 3

Signature of Physician and Date \_\_\_\_\_

### Section 4

Return this form to: Parking and Transportation Services, 72 Campus Drive, Saskatoon, SK S7N 5B5  
[staff.facultyparking@usask.ca](mailto:staff.facultyparking@usask.ca)

Phone: 306-966-4509

Fax: 306-966-2714