



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

Phone: 306-966-4509

Fax: 306-966-2714