

Special Parking Permission Form

Information provided in this request will be treated as confidential information. Even if you are submitting additional documentation along with the request, it is important that you respond to all questions as best you can and sign at the bottom. If you need assistance, please contact the DSO office.

With this form, you must include a letter (on letterhead) from your doctor stating the specific diagnosis and expected duration of impairment. An ER report will suffice if the diagnosis AND the duration are clearly stated.

Name _____

Local/School Address _____

Permanent Home Address _____

Phone _____ Cell _____

Student ID# _____

Enrollment Status (Freshman, Sophomore, Junior, Senior): _____

Undergraduate _____ Graduate _____

Do you have a state issued DMV placard? _____

1. Please give a brief description (including severity) of your current impairment(s):

2. Please check the nature of the impairments for which you are requesting services:

___ Temporary condition

___ Permanent condition

3. Please state the duration of time that you will need services:

4. Describe how your impairment(s) impact(s) your functioning. _____

◆ If this is a temporary condition, please submit this form, along with documentation to the Disability Service Office located in room 264 of the Tyler Campus Center.

◆ If this is a permanent condition, you will need to arrange for an appointment with the Director of the Disability Services Office in order to register for accommodations. Please refer to the documentation guidelines brochure (which can be picked up at Public Safety or the Disability Services Office) for physical disabilities and chronic health conditions.

Signature: _____ Date: _____

PEPPERDINE UNIVERSITY | DISABILITY SERVICES OFFICE
Director, Tammy Selby
Phone: x6500 FAX: 310-506-6776 Email: DSO@pepperdine.edu

Approval Date: _____ Expiration Date: _____
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