



SPECIAL NEEDS PARKING PERMIT APPLICATION FORM  
SD637-066 (08/10/15)

**THIS SECTION TO BE FILLED OUT BY HEALTH SERVICES OR YOUR PCP**

Reason this student's ability to walk is limited or impaired or creates a safety condition while walking: (circle below)

1. Cannot walk 200 feet without stopping to rest;
2. Cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device;
3. Is restricted by lung disease to such an extent that his or her forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
4. Uses portable oxygen;
5. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association;
6. Is severely limited in the person's ability to walk due to an arthritic, neurological or orthopedic condition.

Student Name \_\_\_\_\_

Notes \_\_\_\_\_

Estimated length of disability in days (maximum 90 days) \_\_\_\_\_

I hereby verify that the physical condition of the person named above constitutes him or her as a person with a temporary special needs disability.

Authorizing Person's Signature \_\_\_\_\_

Authorizing Person's Name (please print) \_\_\_\_\_

<b>/////////////////////////////////DEPARTMENT USE ONLY IN THIS BOX/////////////////////////////////</b>	
<b>PARKING PERMIT #:</b> <b>SP</b> _____	<b>ISSUED BY #:</b> _____
<b>DATE ISSUED:</b> _____	<b>DATE EXPIRES:</b> _____
<b>DATE ENTERED SYSTEM:</b> _____	<b>ENTERED BY #:</b> _____