

# Duke University Student Medical Need Special Parking Request

**FOR STUDENT TO COMPLETE:**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please provide local or campus address)

Phone: \_\_\_\_\_ Duke E-mail: \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
Date

**FOR LICENSED HEALTHCARE PROVIDER TO COMPLETE:**

Date of Injury/Surgery: \_\_\_\_\_

What is the maximum distance the student can walk or ambulate with crutches at a given time?

Does the student have difficulty with stairs?       No                       Yes

Is student able to ride the bus?                       No                       Yes

If "No": Duke University Parking & Transportation Services offers comprehensive transit options that includes transportation from parking lots, frequent stops, multiple campus routes, and shuttle services. Please describe in detail why student cannot ride the bus \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long will special parking be required?                      List a specific amount of time \_\_\_\_\_

**If more than 6 weeks are required, a reassessment must be completed and a new request submitted.**

\_\_\_\_\_  
Signature of healthcare provider

\_\_\_\_\_  
Printed name of healthcare provider

\_\_\_\_\_  
Date

Provider Address: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

Official Provider stamp:

Submit form to: [tranpark@duke.edu](mailto:tranpark@duke.edu)

## Student Medical Need Parking Request Information and Instructions

Students may request special parking for a qualified medical condition. The form must be completed by the healthcare provider treating the problem. The provider (MD, DO, PA, NP, PT, ATC) cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). Recommendations and/or statements included in the medical documentation should not be interpreted as automatic approvals for special parking. Previously approved parking from Duke or other institutions or agencies does not guarantee approval of this request.

- Students requesting **temporary** handicap parking should submit the request form to [Tranpark@duke.edu](mailto:Tranpark@duke.edu).

Or take it to one of the Parking Offices. Location and hours listed here:

[http://parking.duke.edu/parking/maps/parking\\_office\\_map.php](http://parking.duke.edu/parking/maps/parking_office_map.php)

Access will be electronically added to your parking permit.

If you do not have a parking permit, you must go to the Parking Office to purchase one for the duration of your handicap access.

- Students requesting **permanent** handicap parking should present a permanent state issued accessible parking placard to the Parking Office at 302 Science Dr./Science Dr. Garage.

[http://parking.duke.edu/parking/maps/parking\\_office\\_map.php](http://parking.duke.edu/parking/maps/parking_office_map.php)