



Disability Resource Center
124 Wimberly Hall
Phone: 608.795.6900
Fax: 608.785.6910

STUDENT ACCOMMODATION REQUEST FORM FOR PARKING – STUDENT SECTION

The University of Wisconsin La Crosse (“UWL” or the “University”) recognizes the importance of providing reasonable accommodation in its parking policies and practices where necessary for students with disabilities. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to fully participate at UWL.

UWL will accept and consider requests for reasonable accommodation in University parking at any time. The individual making the request for accommodation should complete and provide the Request Form to the Disability Resource Center as soon as practicably possible before bringing their car to campus.

Please note, there is a large demand for parking at UWL and limited spaces. If the request for the accommodation is submitted to the Disability Resource Center after parking permits have been purchased for the semester (usually July for Fall and November for Spring), UWL cannot guarantee that it will be able to meet the individual’s accommodation needs.

There are a variety of factors considered when determining parking accommodations. These include documentation provided by a healthcare provider, information from the student, availability of parking, etc.

Student name (print): _____

1. Specific reasonable parking accommodation being requested:

2. How will a parking accommodation lessen the disability-related impact?

3. How frequently would you need access to your car for disability-related reasons?

4. Can public transportation or other forms of transportation (Uber, Lyft, etc.) be utilized to lessen the disability-related impact?

5. Other information you would like to share about this request?

6. Who is the provider providing documentation for this request?

- Name and location

- Contact Info (number, email, etc.)

*****I give permission to the Disability Resource Center to disclose information related to my parking accommodation request to Parking Services, and if applicable the Affirmative Action office. In addition, this signature authorizes the Disability Resource Center to contact the above provider for any additional information directly related to this request.***

Signature of student: _____ **Date:** _____

REASONABLE ACCOMMODATION REQUEST FORM PARKING – PROVIDER SECTION

The University of Wisconsin La Crosse (“UWL” or the “University”) provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A disability is defined as *a physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a student with a disability may need to fully participate at UWL. The enclosed Reasonable Accommodation Request Form authorizes you to provide the information requested on this form.

So that we may better evaluate the request for this accommodation, please fully complete the following questions. If handwriting responses, please do so legibly. **The information below must be completed by the student’s health care provider.**

1. Student name: _____
2. Does the student have a disability as defined by federal law? Yes ____ No ____
3. If yes, what is the disability or disabilities?
4. Explain how the parking accommodation is necessary for the student to participate in their education at UWL.
 - What is the expected frequency for the disability-related reason necessitating access to a car (e.g. weekly for therapy appointments, bi-weekly for transfusions, etc)
 - Expected duration of need for the parking accommodation
5. Please attach any additional documentation that may be helpful in the accommodation process. (e.g. medical file notes, test results, etc.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Name and position of verifier (print): _____
Signature of verifier: _____
Date: _____
License #: _____
Address: _____
Telephone: _____