

Part II - PHYSICIAN'S STATEMENT: (PLEASE RECOMMEND "A" OR "B")

Briefly describe the applicant's disability: _____

Is the disability _____ permanent or _____ temporary

If temporary, anticipated length of time? _____

- ___ A. The applicant's disability **DOES NOT** warrant any special parking consideration at this time.

- ___ B. The applicant **DOES** have limitations that would warrant special parking privileges. These limitations are:
 - 1. Walking distance (in blocks) _____
 - 2. Climbing (stairs, hills, etc.) _____
 - 3. Exposure to the elements _____
 - 4. Other _____

NOTE: This will qualify the applicant for the Henry St. Lot (formally Fine Lot) and provides access to Syracuse University residence halls and academic buildings, as well as SUNY ESF academic buildings via the Quad Shuttle.

I certify that the above information is correct and the applicant meets the criteria for special parking consideration as outlined above.

Physician's Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____