Parking and Transportation Services
6012 Campus Delivery
Fort Collins, CO 80523-6012
Phone: (970) 491-7041
Fax: (970) 491-2017
pts.colostate.edu

Colorado State University

2016-17 MEDICAL PERMIT APPLICATION

To be completed by applicant (please print):

NAME: _____ CSU ID: _____

STATUS: _____ DAY PHONE: _____
(faculty, staff, student, other)

LOCAL ADDRESS: _____

VEHICLE LICENSE PLATE #: _____ STATE: _____ MAKE: _____

I hereby affirm that I have a ☐ *permanent* ☐ *temporary* impairment of such a nature as to substantially restrict my ability to move from place to place.

SIGNATURE: _____ DATE: _____

To be completed by physician (please print):

EXPECTED DURATION OF DISABILITY (check one): ☐ PERMANENT

☐ TEMPORARY UNTIL _____
Date

Approximate number of blocks individual can walk without impairment to condition (check one):

☐ **Less than 1 block** ☐ **More than 1 block**

I hereby affirm that the above named patient has an impairment of such a nature as to substantially restrict movement from place to place.

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S PRINTED NAME: _____ TITLE: _____

ADDRESS: _____

FOR INTERNAL USE ONLY

PERMIT NUMBER ISSUED: _____ LOT(S) / OR STALL: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

COMMENTS: _____