



## Student Accessibility Services and Safety and Security

### Certifying Professional Form for On Campus Parking Requests for Students with Disabilities

**Instructions:** Please complete this form if you believe this student demonstrates a compelling need to bring their car to campus or be exempt from the policy that does not permit first year students to bring cars to campus.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Is this \_\_\_\_\_ permanent \_\_\_\_\_ temporary?

Does this condition constitute a current and substantial limitation of a major life activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe the nature of the functional impact of the condition on the student's ability to access campus living relative to non-disabled peers:

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Please explain the nexus between the accommodation and the student's disability:

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Please provide any additional information you may have to support this request:

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Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License number and State: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mail, fax or email completed form to:**

Student Accessibility Services

Salve Regina University

100 Ochre Point Ave, Newport, RI 02840

Fax: 401-341-2912 Email: [accessibilityservices@salve.edu](mailto:accessibilityservices@salve.edu)