



MEDICAL CERTIFICATION FOR TEMPORARY DISABILITIES

Revised 7/12

**STANFORD UNIVERSITY PARKING & TRANSPORTATION SERVICES
MEDICAL CERTIFICATION FOR TEMPORARY DISABILITIES.
CART OR TEMPORARY SERVICE VEHICLE PERMIT.**

**ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED. NO FAXES OR PHOTOCOPIES.
ANY ALTERATIONS, CROSSOVERS, OR WHITEOUT WILL VOID THIS FORM.**

If you have a temporary disability, Parking & Transportation Services can issue one service vehicle parking permit valid for 5 business days. (If a permit of longer duration is necessary, you will need to apply to the DMV for a state disability placard.) Students with temporary disabilities who need to utilize a personal golf cart (or Segway) on campus can apply for cart use authorization by completing this form. Faculty or staff must receive authorization from the Diversity & Access Office before P&TS will issue a cart permit to persons with disabilities. P&TS does not have carts available for loan or rental.

DOCTOR'S CERTIFICATION OF DISABILITY (Please print legibly)

Print the name of student with disability: _____

Provide a full description of the illness, injury, or disability: _____

AUTHORIZED MEDICAL PROVIDER'S INFORMATION AND SIGNATURE (Complete ALL fields)

Print name (Last, First, Middle)		Daytime telephone #	
Address	City	State	Zip code
Email			
I certify that I am a: <input type="checkbox"/> Physician <input type="checkbox"/> Surgeon <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner		Medical license # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature		Date	

SELECT THE APPROPRIATE PERMIT

Annual "Cart" permit (Please contact P&TS for additional required steps/materials)

Temporary/Monthly "Cart" permit
 Enter desired expiration date: _____ / _____ / _____

One-week "Courtesy" Service Vehicle parking permit Start date: _____ / _____ / _____
 This permit allows you to park your own vehicle in "Service Vehicle" spaces, metered spaces, any commuter "A" or "C" space (except "Carpool Permit Only" spaces before 10 a.m.), and residential permit spaces. Please observe posted time limits. They are NOT VALID in spaces marked "Special Permit Only" or "Disabled" parking stalls.

P&TS witness: _____



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THIS SECTION TO BE COMPLETED BY STUDENT (Please print legibly)

Name	Stanford ID #
Email address	Mobile phone #

VEHICLE INFORMATION (if applicable)

Vehicle type <input type="checkbox"/> Golf Cart	License plate # or stock #	University fleet # (if applicable)
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I declare that I have been diagnosed with a disability that substantially impairs or interferes with my mobility thereby requiring the use of a golf cart on campus. I understand that falsifying information, altering a parking permit, allowing others to operate my cart without me as a passenger, or violating other cart rules and regulations (see Disability Cart Permit Agreement) may result in suspension of my cart operating privileges and/or administrative disciplinary action.

X _____
 SIGNATURE DATE

The DisGO golf cart service is available to all University students with limited mobility, including those in wheelchairs. The on-campus service operates between 8:15 a.m. - 5:15 p.m. weekdays starting the second week of Fall, Winter, and Spring quarters. Please call 723-1066 for more information.