

**Parking and Transportation Services
Verification of Permanent Mobility Impairment**



**COLORADO STATE
UNIVERSITY**

Today's Date: _____ CSU ID Number: _____

Parking and Transportation Services provides on-campus transportation to enrolled students with a permanent disability that limits mobility due to a medical condition(s). Participants with an ambulatory disability are required to have this form completed by the Student Disability Center. Please return completed form by email to courtesyshuttle@colostate.edu.

I, _____, certify that the information provided to the Student Disability Center regarding my mobility limitations is accurate to the best of my knowledge. I authorize the SDC to release relevant information to Colorado State University Parking and Transportation Services to determine eligibility and available seating for courtesy shuttle trip(s) during operating hours between classes on the main campus, along with CSU on-campus student housing. Please contact the individual on this form with any questions about this application by phone _____ or email _____

Participant Signature: _____ Date: _____
Parent/Guardian Signature (if patient under 18) _____ Date: _____

TO BE COMPLETED BY MEDICAL PROVIDER

The participant has requested transportation services on the basis of an existing ambulatory disability that significantly impacts their ability to walk. The SDC has met with the student regarding their request for transportation on the CSU Disability Courtesy Shuttle.

It is necessary to complete the following information to determine eligibility for the on-campus Disability Courtesy Shuttle, based on the determination of a permanent or temporary disability. The information provided will remain confidential and will not be shared with anyone.

- A. Briefly describe disability: _____
- B. Is the disability permanent in nature? YES ___ NO ___
- C. Individual is capable of walking a maximum walking distance of _____ feet
- D. Does the individual require a mobility device or walking aid: YES ___ NO ___ What device?

SDC Staff Signature: _____ Date: _____