

University of Southern Indiana

Office Use Only:

Permit #

Practitioner's Certification for
Temporary Disability Parking

By completing this form, you – the practitioner – are verifying that the following person legitimately qualifies for disability parking privileges. You are also certifying that this person is restricted in mobility due to a medical condition that has resulted in a functional limitation to mobility. **Persons with physical mobility issues will be issued a non-renewable 30-day temporary disability permit – valid only on the USI campus – to allow them time, if necessary, to obtain a state-issued disability license plate or placard.**

I certify that _____ is severely restricted in
(Patient Name – Please Print)
mobility due to a physical disability, injury or other medical condition.

Practitioner Name (Please Print)

Practitioner Signature

Area of Specialty

License Number

Address

Phone Number of Practitioner

City & State

____/____/_____
Date

Signature of Applicant

Phone Number of Applicant

Student Faculty/Staff Other

<u>Office Use Only:</u>	_____ Permit Number	____/____/_____ Date of Issue
_____ Issuing Staff Member	_____ Badge #	____/____/_____ Date of Expiration

FAX OR MAIL TO: University of Southern Indiana
 Parking
 8600 University Blvd.
 Evansville, IN 47712
 Fax: 812/465-1279
 Phone: 812/465-1091