Office Use Only:

University of Southern Indiana

Permit #

<u>Practitioner's Certification for</u> <u>Temporary Disability Parking</u>

By completing this form you, the practitioner, are verifying that the following person legitimately qualifies for temporary disability parking privileges. You are also certifying that this person is severely restricted in mobility due to a pulmonary or cardiovascular disability, arthritic condition, and / or orthopedic or neurological impairment. If the person is experiencing a temporary situation, such as pregnancy or a broken leg, you are further certifying that the temporary situation has resulted in a <u>substantial functional limitation to mobility</u>. The expected expiration date for temporary conditions must be filled-in in order for the person to qualify for temporary parking privileges. Persons with long-term or permanent physical disabilities will be granted a 30-day temporary disability permit to allow them time to obtain a permanent state-issued disability license plate or placard.

I certify that	is severely restricted in
mobility due to a physical disability or medical condition.	This severe restriction in mobility is:

Short-term / Temporary - expected to improve by: ___/__/____

Date

Practitioner Name (Please Print)

Long-term / Permanent

Area of Specialty

Address

City & State

Signature of A	Applicant	
Student	Faculty/Staff	Other

License Number

Practitioner Signature

(____)____ Telephone Number

____/___/____ Date

(____) Phone Number of Applicant

Office Use Only:	ffice Use Only: Permit Number		// Date of Issue
Issuing S	taff Member	Badge #	Date of Expiration
FAX OR MAIL TO: University of Southern Indiana Attn: Parking Department 8600 University Blvd.			

8600 University Blvd. Evansville, IN 47712 Fax: (812) 465-1279 Phone: (812) 465-1091