

# NC State University

## Request for Accessible Parking

NC State Transportation offers multiple options for individuals who have limited mobility.

**Wolfline Transit** service is wheelchair accessible with low floor, kneeling buses for easy access. Wolfline provides frequent service through all three campuses.

**WolfPack Pickup** provides golf-cart service for students between their residence halls and classrooms.

Individuals who have limitations that prohibit them from using Wolfline or WolfPack Pickup (students), may request accessible parking accommodations. Approval is contingent upon the completion of this application by an attending physician, and if the disability falls within the following criteria:

- (a) Cannot walk 200 feet without stopping to rest
- (b) Cannot walk without the use of a supporting device or another person, or cannot negotiate steps or stairs
- (c) The disability is restricts mobility due to pulmonary or cardiovascular disease, or an arthritic or orthopedic condition
- (d) Blindness, or whose vision with glasses, is so defective as to prevent the performance of ordinary activity for which eyesight is essential,
- (e) Pregnancy when there are extenuating circumstances, complications or limitations that impact the health of the mother and/or child(ren).

Return this completed form to Transportation, Box 7221, Raleigh, NC 27695-7221, or email it to: [cddobek@ncsu.edu](mailto:cddobek@ncsu.edu). The requester will be contacted when the application is received.



Employee's/Student's Name:

Employee/Student ID#

Campus Email Address:

Daytime Phone:

**If issued, attach a copy of your valid State-issued handicapped placard and registration.**

Requester to Answer the Questions 1 & 2

(1) What parking accommodation are you requesting?

(2) How will this accommodation assist you in accessing your office, academic building, lab or residence hall?

Questions 3 – 6 to be completed by non-family related attending physician.  
(Please type or write legibly using terminology easily understood by non-medical staff)

(3) Please describe the individual's physical condition/limitations and how it requires the need for accessibility parking.

(4) Is the patient capable of boarding a bus? All NC State buses are wheelchair and lift equipped.

Yes

No

(5) Please provide any additional information that might be useful in reviewing this request:

(6) Expected duration of condition:  Permanent  Temporary from \_\_\_\_\_ to \_\_\_\_\_

Authorizing Physician

Physician's Name:

Name of Practice:

Office Address:

City / State / Zip:

Phone:

Fax:

**Terms and Conditions**

By signing below, both parties certify that the information provided is true and accurate.  
Requester is bound by the parking regulations set forth in the Transportation Ordinance.

Requester's Signature

Date

Attending Physician's Signature

Date