

**HAMPTON UNIVERSITY DISABILITY SERVICES**  
**Request for Special Parking**

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*All information obtained in diagnostic medical, psychological and educational reports will be maintained and used in accordance with applicable confidentiality requirements.*

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**PLEASE ATTACH ALL MEDICAL DOCUMENTATION TO FORM BEFORE SUBMITTING**

**I. GENERAL INFORMATION**

Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Current Email: \_\_\_\_\_  
Area Code Number

Classification: \_\_\_ Freshman \_\_\_ Senior Current Semester \_\_\_  
\_\_\_ Sophomore \_\_\_ Graduate Students  
\_\_\_ Junior

**II. BASIS FOR REQUEST**

1. (Check all that apply to your request):

- Medical Appointments
- Special Mobility Circumstances
- Chronic Health

2. Please explain the nature of the impairment indicated above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please list the accommodations you may request at Hampton University:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. Documentation in Support of Request: (see Required Documentation list). Be sure to Attach or include all necessary documentation with this page.

**IV. EXCHANGE OF INFORMATION**

In order to explore possible coverage and reasonable accommodations, it is often necessary for the Director of Compliance Disability Services to discuss the documentation the student has submitted with providers such as licensed physicians, psychologists, or other qualified professionals and to discuss the student's impairment with their parents and Hampton University faculty and professional staff.

I hereby give permission for the Director of Compliance and Disability Services at Hampton University to exchange information regarding the documentation I have submitted to her with my provider (s) (physician, psychologist, or other qualified professional), and to discuss my impairment with my parents and Hampton University faculty and professional staff. I understand that my referral to authorize consent may result in a denial of accommodations.

**My signature is verification that I am the person in Item I and that my supporting statement(s) and documentation are true and accurate.**

**Students who attempt to obtain a parking permit by providing falsified information will have future parking privileges revoked and may face judicial action.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM AND SUPPORTING DOCUMENTATION TO:**

Tiffany R. Cornelius  
Director of Compliance and Disability Services  
Student Success Center  
Hampton University  
Hampton, VA 23668  
Office: (757)-727-5913/Fax: (757)728-6973