

Office of Equal Opportunity and Title IX (OEO)

103 Wells Hall ■ Murray, KY 42071 Tel: (270) 809-3155 **Fax**: (270) 809-6887 TDD: (270) 809-3361

ACCESSIBLE PARKING FORM

Application for an Accessible Parking Permit for a Faculty or Staff with a Disability

SECTION I- TO BE COMPLETED BY APPLICANT

Semester Applying for: □ Fall □ Spring □	Summer M#	:	
Employee Full Name First	Middle Initial	SSN#:	
Campus/Local Address	City	State	Zip
Campus/Local Telephone Number			
Home/Permanent Address			
Home Telephone Number:	City	State	Zip
MSU E-mail Address	Alternate Email:		
Employee Status: □ Faculty □ Staff □ Retiree	□ Other:		
Does the applicant require aids for walking, e.g., cane, □ No □ Yes, please specify			g device?
The Genetic Information Nondiscrimination Act of 2008 (GINA) at Itle II from requesting or requiring genetic information of an incompectifically allowed by this law. To comply with this law, we are responding to this request for medical information. 'Genetic information in this request for medical information.' Genetic information in this results of an individual's or family member's family member sought or received genetic services, and genetic in individual's family member or an embryo lawfully held by an indiscrivices	prohibits employers and oth dividual or family member of asking that you not provide rmation' as defined by GINA genetic tests, the fact that a aformation of a fetus carried	ner entities cover of the individual, any genetic info A, includes an individual or a d by an individual	except as rmation when dividual's family in individual's al or an
By signature below, applicant authorizes physician/ARPN to commedical condition. I understand that I can revoke this authorization revocation will not apply to information that has already been distonce the information is disclosed pursuant to this authorization it will no longer be protected by HIPAA. This authorization will exindicated below.	on at any time by submitting closed in reliance on an auth may be re-disclosed by the	a written revoca norization. I und recipient and the	ation. A derstand that e information
Signature of Applicant			
Please return this completed form to the Of	fice of Equal Opportunity and Tit	le IX	

SECTION II- TO BE COMPLETED BY PHYSICIAN/APRN

Please Complete Section A or B

A. Tier I - Parking - Severe Mobility Impairment

I certify that I h	have treated and that he/she is an individual with a disability (Name of Patient)
	y limits or impairs the ability to walk (as set forth in KRS 186.042(1)) as follows (Check as
	cannot walk two hundred (200) feet or 61 meters without stopping to rest;
	cannot walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistant device;
	uses portable oxygen;
	is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;
	is restricted by lung disease to the extent that the person's forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen is less than sixty (60) mm/hg on room air at rest;
	has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association;
	Other – please explain
	B. Tier II - Parking – Mobility Impairment
I certify that I h	have treated and while he/she does not meet the criteria set
forth in A. abovisual, audio, or rheumatism, or	ve (severe mobility impairment), he/she has a disability or medical condition which constitutes a or physical impairment, including partial paralysis, heart condition, emphysema, arthritis, cother debilitating condition which limits or impairs their personal mobility or ability to walk.
This co	ondition is Permanent Temporary – Valid until: Month Day Year
2. How d	oes this disability or medical condition limit the person's ability to ambulate?
Physician/ARP	PN Name (please print)Phone:
Physician/ARP	PN Address
Date	Physician/ARPN Signature
Return form	n to: Murray State University, Office of Equal Opportunity and Title IX, 103 Wells Hall, Murray, KY 42071

APPEALS PROCESS

Any person seeking to appeal the decision must submit, in writing, a request to review the decision. This appeal must be delivered to the Office of Equal Opportunity and Title IX, within five (5) working days of receipt of the decision. The request shall state reasons why the party is requesting a review and may contain any information for consideration. The appeal will be referred to the Affirmative Action Subcommittee on Disabilities. The committee may confirm, amend, or modify the decision. The decision of the committee shall be final.

MISUSE OF ACCESSIBLE PARKING PERMITS

Persons initially applying for or renewing a permit that knowingly submit false documentation or misuse a State Disabled Parking Placard or a University issued Accessible Parking permit will be subject to a fine and could face the possibility of losing all University Parking Privileges.

Obtaining a parking permit under MSU's parking regulations for individuals with disabilities does not entitle the permit holder to violate any other parking and/or traffic regulations. This includes, but is not limited to, parking in fire lanes, loading zones, or parking in a space reserved for other use. Vehicles parked in violation of MSU's regulations are subject to citation. Further, the use of an accessible parking permit by someone other than the person listed on the Vehicle Registration Form and Application for an Accessible parking Permit may result in a citation, and/or termination of the permit privileges.

RETURN FORM TO:

Murray State University

Office of Equal Opportunity and Title IX

103 Wells Hall ■ Murray, KY 42071

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