

Medical Application for Binghamton University “L-Permit” Parking

Dear Physician:

Individuals who have registered their vehicles with Binghamton University’s Parking Services, and display valid State Disability Parking Permits, may park in Regular Disability Parking areas located adjacent to nearby buildings. In addition, a **limited number** of “L-Permit Parking” spaces are designated for drivers whose disabilities make traveling from “Regular Disability Parking” to building destinations too difficult for them to physically manage.

Your patient has requested authorization to access the **limited number of “L-Permit”** parking spaces situated closest to the buildings. Please provide us with the following information regarding your patient’s disability. We will use this information to engage the “L-Permit” applicant in a discussion of his/her access needs and to make a final determination regarding the appropriate level of disability parking authorization.

PATIENT NAME: _____ **(DOB):** _____

Relevant Medical Diagnosis (please be as specific as possible): _____

Functional Limitations (please be as detailed as possible): _____

Distance patient can walk on flat terrain: _____ sloped terrain: _____

Expected duration of this higher level of disability: _____

Date you expect to re-evaluate the individual’s disability: _____

Physician Name (please print): _____

Address: _____

Professional License #: _____ Phone #: _____

Signature: _____ Date: _____

Thank you for your assistance,

Sincerely,

Dianne Gray
Director