



REQUEST FOR HANDICAP ACCESS, PARKING AND/OR SEATING

NOTE: HANDICAPPED PARKING SPACES ARE LIMITED. PLEASE CONSIDER USING THE DROP-OFF OPTION IF POSSIBLE.

GRADUATE _____

DRIVER _____

CHECK APPROPRIATE BOX(ES):

- WILL DROP OFF, BUT CAN PARK IN REGULAR LOT
- REQUIRE HANDICAPPED PARKING (you must have a legal tag)
- REQUIRE HANDICAPPED SEATING (WHEELCHAIR SPACE). I WOULD ALSO LIKE SEATING FOR 1 OR 2 FAMILY MEMBERS (CIRCLE YOUR CHOICE) NEAR THE WHEELCHAIR SPACE.

DRIVER _____

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Processed by: ____ *Date:* ____

Please return this form to Ms. Palumbo (room 301) by Thursday, May 15, 2008.