

**YALE UNIVERSITY**

Employee Application Request for Parking Privileges

***This Section to be filled out by the Employee:***

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Phone Number(s): (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

***This Section to be filled out by Health Care Provider:***

1. Is this a permanent disability? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If no, how many days, weeks, or months will the parking privilege be needed for: \_\_\_\_\_
3. Does the employee hold a State of Connecticut handicapped permit: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Permit # \_\_\_\_\_
4. Number of city blocks the employee can walk: \_\_\_\_\_
5. Please attach documentation or provide a brief description below of the medical condition which necessitates the need for parking privileges. (Medical details will be treated as confidential information)

\_\_\_\_\_  
\_\_\_\_\_

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or any individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Name of employee's health care provider (please print): \_\_\_\_\_

Signature of employee's health care provider: \_\_\_\_\_

Date: \_\_\_\_\_

This request will be reviewed by the Office for Equal Opportunity Programs (OEOP).

***Please return completed form to:***

Office for Equal Opportunity Programs  
221 Whitney Avenue, P.O. Box 208295, New Haven, CT 06520-8295  
Phone: (203) 432-0849, Fax: (203) 432-7884

***Office Use Only***

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_