

**YALE UNIVERSITY
REQUEST FOR SPECIAL VAN TRANSPORTATION
STUDENT APPLICATION**

This form to be completed by the student and the student's medical provider.

This student has requested transportation by the Yale Special Services Van, a door to door service offered to University students with disabilities:

Student's Name: _____ Net ID _____

Signature _____

School or College _____

Campus Phone Number _____

Email Address _____

1. Is this a permanent disability? Yes _____ No _____
If no, length of time special transportation will be required. _____
2. Number of city blocks student can walk? _____
3. Does the student's medical condition require door to door transportation, or can he/she ride the Yale Shuttle if the distance between the bus stop and destination is within the specified walking distance shown above. _____
4. Does the Resource Office on Disabilities have your documentation on file? Yes No
5. If no, please attach documentation of medical condition, which necessitates special transportation. (Medical details will be treated as confidential information).

Signature of student's health care provider _____

Date _____

This request will be reviewed by the Resource Office on Disabilities (telephone number 432-2324). If approved, Yale Transit will make every effort to provide timely transportation to the applicant's classes, etc., as circumstances allow.

Please return form to:
Director of Resource Office on Disabilities
35 Broadway (rear)
P.O. Box 208305
New Haven, CT 06520-8305
Fax: 432-8250

Approved _____ Rejected _____

Signature _____