Reserved Accessible Parking Application
Parking Services, University of Massachusetts, Amherst 51 Forestry Way Amherst, MA 01003-6510
Phone: (413) 577-PARK Fax: (413) 545-4440 Website: http://parking.umass.edu Email: parking@umass.edu

Please return application to: Sharon Kennedy, Special Needs Coordinator
51 Forestry Way, Lot 25 Amherst, MA 01003-9262
Phone: 413.545.6588, Fax: 413.545.4440, Email: srkenned@admin.umass.edu

Disabled Parking Access for thirty days or less
Disabled access consisting of longer than thirty days, please contact:
Special Needs Transit Van: (413) 545-2086 - http://www.umass.edu/transit
Parking access consisting of longer than one semester, please contact:
Disability Services: (413) 545-0892 - http://www.umass.edu/disability

Include with this application a signed Physician note stating:
1. Nature of Medical Condition
2. Duration of Special Need
3. Prescribed Ambulatory Aid(s)
4. Walking Distance Ability

Applicant's Information:
Name: __________________________
Classification (Student/Employee): __________________________
Campus ID#: __________________________
Cell Phone#: __________________________
☐ Subscribe to Text Messaging Notification (Wireless service providers may charge for each text message.)
Email Address: __________________________
Local/Campus Address: __________________________
City: __________________________
State: __________________________ Zip Code: __________________________
Location of Classes, Resident Hall or Office: __________________________

☐ I have also applied to Disability Services due to a long term condition.

If the requester holds a valid year-long permit, the temporary upgrade will be at no charge. If the requestor does not hold a valid year-long permit, the fee for a temporary upgrade will be based on the current temporary permit rates.

I have checked all information for accuracy and understand that incorrect or false information may result in loss of permit. I understand that the permit holder and/or vehicle owner are responsible for all parking citations and are subject to all University regulations.

Signature of Applicant: __________________________ Date: __/__/____

OFFICE USE ONLY

Current Permit: __________________________ Cost: __________________________ Date Purchased: __/__/____
Approved: __________________________
Approved Lots: __________________________ Duration: __________________________ Cost: __________________________
Denied: __________________________
Denied Reason: __________________________
Authorized by: __________________________ Date: __/__/____

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