



Davison Health Center
327 High St.
Middletown, CT 06459
860-685-2470
860-685-2471 fax
www.wesleyan.edu

Dear Provider,

Your patient/client _____, has requested an accommodation to obtain a parking pass and have a vehicle on campus. Individuals requesting a parking pass must provide recent documentation that verifies the medical necessity of having a car on campus. You have been asked to complete this form as documentation for your client.

As the provider completing this form, you should:

- Have knowledge of the student's current level of functioning.
- Complete the following page as thoroughly as possible; inadequate information or incomplete answers may delay the eligibility review process.
- Submit this form and any supplemental documentation via email to Dr. Emily Daponte, Medical Director, Davison Health Center at EDaponte@wesleyan.edu or by fax 860-685-2471.
- Note:
 - o Wesleyan offers a free campus medical ride service that can bring approved students to class, dining and the library. This service runs Monday through Friday.
 - o The 'All-Lot' parking pass does not allow students to use Handicapped Accessible parking spots on campus. If desired, a student can obtain this through the CT DMV only if their car is registered in CT.



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Student First Name: _____

Student Last Name: _____

D.O.B: _____ Date of last visit: _____

Diagnosis and severity of impact:

Is your patient medically cleared to operate a motor vehicle?

☐ No

☐ Yes

Duration of time that an 'All-Lot' parking pass is needed:

☐ Permanent

☐ Temporary: provide expected duration or re-evaluation date: _____

Provider Name (Print): _____

Title: _____ License/Certification #: _____

Address: _____

Phone: _____ Fax Number: _____

Email Address: _____

Signature: _____ Date: _____

(Verifying that you are not related to the student by blood or marriage)