

CENTER FOR DISABILITY ACCESS & RESOURCES
MOBILITY ACCESS VAN REQUEST FORM

Student

Visitor

Faculty

Staff

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Type of Disability: _____

In case of an emergency, contact: _____

Is your condition temporary? YES NO

If yes, when is your recovery date? _____

Do you have any of the following aids for mobility?

- Manual Wheelchair Power Wheelchair Power Scooter
 Cane Crutches Guide Dog
 Personal Assistant Other

I hereby certify that the information provided is true and correct. I agree to abide by all of the rules and regulations of the CeDAR Mobility Van. I further understand that any false statements made on this request form, may revoke all privileges with the CeDAR Mobility Van.

Signature _____ Date _____

Approved By: _____ Date _____

CeDAR Administrator

PLEASE RETURN REQUESTS TO:
Center for Disability Access and Resources
Florida A&M University
640 Gamble St.,
Tallahassee, FL 32307-4900
(850) 561-2513 Fax