Please email the completed form to oac-hsc@uthsc.edu.
Please follow the application requirements listed here https://uthsc.edu/campus-police/parking-and-access/accessible-parking.php

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER.

APPLICATION FOR ACCESSIBLE PARKING

Personal Information*

APPLICATION MUST BE COMPLETED IN THE NAME OF THE APPLICANT. PLEASE COMPLETE ALL INFORMATION.

_____ Personnel # or Student ID#

_____ Driver's License #

_____ Full Name

_____ Address 1

_____ Address 2

_____ City or Town

_____ State

_____ ZIP Code

_____ DOB: mm/dd/yyyy

_____ Phone Number (xxx) xxx-xxxx

Vehicle Information*

_____ Year

_____ Make of Vehicle

_____ Tag Number and State

_____ Color

☐ Owner (you own the title)

☐ Driver (owned by another)

Permit Information*

_____ Current Lot

_____ Requested Lot

Item Requested:

☐ One Year Permit

☐ Temporary Permit

I, the undersigned applicant for the handicapped person permit, hereby certify, under the penalties prescribed in Chapter 55-21-102, Tennessee Code Annotated, that the statements made herein are true and correct to the best of my knowledge, information, and belief. "Permit is only valid for parking areas owned or leased by The University of Tennessee Health Science Center. The permit is not only valid for city streets or other areas not controlled by the university."

Applicant's Signature*_____ Date*_____

*Required Information

Office of Access and Compliance Use Only – Medical Certificate Verification

_____ Approved By

_____ Date Approved

Parking Services Office Use Only

_____ Approved By

_____ Date Approved

_____ Permit # Assigned

_____ Expiration Date

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Office of Access and Compliance
920 Madison Avenue, Suite 825 | Memphis, TN 38163
t 901.448.2112 | f 901.448.1120

Healthy Tennesseans. Thriving Communities.

UTHSC APPLICATION FOR ACCESSIBLE PARKING

This certificate must be completed by a medical doctor licensed to practice medicine and can be sent to oac-hsc@uthsc.edu or faxed to (901) 448-1120.

This certificate must be re-submitted with each new accessible parking application.

55-21-102, Definitions - for the purposes of this part:

(1) "Handicapped Driver" is one who is disabled by paraplegia, amputation of leg, foot or both hands, or is disabled by loss of use of a leg, foot or both hands, or other condition certified to by a physician duly licensed to practice medicine, resulting in an equal degree of disability (specifying the particular condition) so as not to be able to get about without great difficulty including impairments that regardless of cause or manifestation, confine such person to a wheelchair or cause such person to walk with difficulty or insecurity and includes, but is not limited to, those persons using braces or crutches, arthritis, spastics and those with pulmonary or cardiac ills who may be semi-ambulatory. A handicapped driver shall also include the owner of a motor vehicle with a vision of not more than 20/200 with corrective glasses.

I hereby certify that the applicant named in this application has appeared before me and in my medical opinion that he or she is unable to get about without great difficulty.

(Please Print)

Is the applicant permanently confined to a wheelchair? YES _____ NO _____

Mechanical device used: Crutches _____ Braces _____ Other (list) _____

The cause of the disability is: _____

Expected length of disability: _____

Physician's Name: _____

Clinic's Address _____

City _____ State _____ Zip Code _____

Physician's Signature _____

Date _____ Telephone No. _____

Office of Access and Compliance Use Only– Medical Certificate Verification

_____ _____
Approved By Date Approved