

**Clark State Community College**  
Application for Clark State 2004-05 Handicapped Parking Permit

If you have a valid State of Ohio Handicapped Permit, you **do not have to apply** for a Clark State permit. The Campus Police will not ticket your car as long as you display your valid State of Ohio permit. If you do not have a State of Ohio permit and wish to apply for a campus handicapped permit, you must complete all of the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check One: \_\_\_\_\_ Student \_\_\_\_\_ Faculty/Staff

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following information about your vehicle:

Car Make/Model \_\_\_\_\_

Name of Owner \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Plate Number \_\_\_\_\_

Please have your physician complete the following information. (**All information must be provided.**)

Physician's Name (please print) \_\_\_\_\_

Physician's Address \_\_\_\_\_

I hereby certify that the above-named individual is eligible for a handicapped-parking permit at Clark State Community College for the following period (check one):

\_\_\_\_\_ Full year (June 15, 2004 to June 15, 2005)

\_\_\_\_\_ Temporary permit until \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)

Return this completed application to Disability Services, Rhodes Hall, Room 215H, Clark State Community College, Post Office Box 570, Springfield, OH 45501-0570.

*For Office Use Only:* Permit # \_\_\_\_\_ Expires: \_\_\_\_\_  
Copy sent to Campus Police \_\_\_\_\_  
(Date sent)

Revised on: 2/11/2005