



Transportation Services for Temporary Disabilities Form

This form is to be completed by the student requesting service. The Dean of Students Office at Scripps College provides transportation services for Scripps students with temporary disabilities to classes at one of the other campuses in the consortium. Transportation is not provided within Scripps or outside of the consortium. Appropriate medical documentation must be provided with this request in order to receive temporary transportation services. Please note that you request may take up to 2 business days to process.

Transportation services are available Monday through Friday from 8:00am-5:00pm.

Semester: _____

Student Name: _____ ID: _____

Email address: _____ Phone number: (____) _____

Class level: First-year Sophomore Junior Senior

Date of injury: _____

Description of injury: _____

Length of time you will need transportation (list beginning and ending dates): _____

Date of reassessment by medical professional: _____

Type of accommodation requested:

- Golf-cart transportation to and from classes
Temporary parking permit
Other _____

Table with 10 columns: Class, Day, Time, Campus, Class Location, Pick Up Time, Pick up Location, Drop off Location, Return to drop off location, Driver (office use only). Includes example row for SPN 33.

If you will need transportation to and from classes, please list the class with information including days, times, and locations below.

- I have included with this request form the appropriate medical documentation confirming that I need temporary transportation services
I understand that transportation services cannot be provided within Scripps.
I understand that transportation services cannot be provided if without proper medical documentation.
I understand that my assigned driver will not wait more than five minutes past the pickup time. I understand that if I am not ready at the pickup location, the driver will leave.

If services are no longer needed, please contact the Dean of Students office to be removed from the schedule.

Signature _____

Date _____

Office use: ___ confirmed receipt of medical documentation ___ Initials ___ Date