

UVA Parking Accommodations Request Form

Residents must fill out this form to receive reasonable parking accommodations while living in University Village. Accommodations will be made for residents with disabilities, medical needs, or other extenuating circumstances.

Instructions for medically related requests: Complete and sign Section One. Please give Section Two to your medical or mental health professional. They must provide a letter stating their recommendations for parking accommodations.

Instructions for non-medically related requests: Complete and sign Section One.

Materials provided will be reviewed by the Associate Director of Family Student Housing to determine a reasonable accommodation.

Submit form and supporting documents to:

Jennifer Siecienski
1125 Jackson St
Albany, CA 94706
jen.s@berkeley.edu

Section One — Parking Accommodations Request

(To be completed by the student. You may attach additional sheets, if necessary)

Student Name: _____

Email : _____

Please indicate the accommodations you are requesting:

Please explain the reason(s) for your request:

Is your accommodation need permanent or temporary? If temporary, please provide an end date:

If requesting a Guest space, provide the license plate number of vehicle(s) to be parked in the Guest space:

Section Two — Parking Accommodations Request
Accommodation Checklist:
(to be completed by medical or mental health professional)

Student Name: _____

Licensed Professional Name: _____

This student is requesting that the University of California, Berkeley, provide an additional parking permit or other special accommodation, while living in University housing. This request may be on the behalf of a family member. By providing a full and complete response, you will be expediting the processing of this request, and reduce the need to return to you for additional information.

This form is for parking accommodations only. UVA allows one car per family. We allow parking accommodations due to disability, and/or medical needs such as in home postnatal care. Please explain how the accommodation addresses the functional limitations of the student's disability or medical need in your letter. (Ex. "The resident receives in home health care. The provider will need access to a parking space.")

Please include the following in your letter:

1. Describe your specialty, and how long the student or their family member has been in your care.
2. Verify that the student or family member has a qualifying disability that impacts a major life activity. Please include whether this accommodation is permanent or temporary. If temporary, please provide an end date.
3. Your signature and licensure information

Please submit the letter via mail, fax or email to:

Jennifer Siecienski, Associate Director for Family Student Housing
1125 Jackson St
Albany, CA 94706
Jen.s@berkeley.edu
Fax: 510.527.9934