

SCOUT CAMPUS TRANSPORTATION SERVICES REQUEST

Student Information

Students Full Name: _____

Primary Phone Number: _____ Campus ID Number: _____

E-mail: _____ Semester: _____

Mobility Limitations due to Disability

Reason for requesting SCOUT services?

If any, what assistive devices do you use for mobility? (e.g. wheelchair, crutches, etc.)

Status of Disability

My services with SSD are:

☐ **Permanent**

☐ **Temporary**, for the time period listed below:

From: _____ To: _____

For **temporary users ONLY**: Have you turned in medical verification? ☐ Yes ☐ No

Please see backside to fill out your Pick-up Schedule ►

Office Use Only

Approval for SCOUT Services

For Continuing Students: Verification has been reviewed and verified by: _____ Date: _____

For New Students: Approval: _____ Date: _____

Classification: Red: ☐ Green: ☐ Yellow: ☐

Notes: _____

Authorization Number: _____

Pick-Up Schedule

ATTENTION: Please take into consideration the time it will take for you to arrive at the pick-up location (e.g. If class ends at 9:50 am, a pick up at 9:55 am or 10:00 am would be most realistic).

Schedule Example:

Day(s): MWF

Time: 8:50 AM

Pick-up Site: Library

Destination: Science Bldg.

Day(s)	Time	Pick – up site	Destination

COMMENTS:
