



Paratransit Temporary Authorization Request Form

Please e-mail the completed and signed form to: PARATRANSIT@OSU.EDU

The Ohio State University adapted transportation system is available to all faculty, staff, and students with a permanent or temporary disability. The system is operated by Transportation and Traffic Management in conjunction with Disability Services. Transportation and Traffic Management coordinates the assigning and training of van drivers, vehicle maintenance, daily schedules, approves off campus trips, operates the paratransit services dispatch telephone line, certifies, and establishes system policies. Disability Services certifies eligible riders, establishes priorities, and reviews rider concerns.

REQUESTING INDIVIDUAL - PLEASE FILL OUT THE FOLLOWING TWO (2) SECTIONS

Personal Information		
Last Name	First Name	M.I.
Local Address	City	Zip
Email Address		
Preferred Phone #	Alternate Phone #	
University Affiliation <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other:		

Signature	
I have read and agree to abide by the Paratransit Ridership regulations available at tm.osu.edu/paratransit	Date

HEALTHCARE PROVIDER – PLEASE FILL OUT THE FOLLOWING TWO (2) SECTIONS

Please Indicate All that Apply	Temporary Authorization	
Unable to walk without use of or assistance from: <input type="checkbox"/> Crutches, Cane <input type="checkbox"/> Walker <input type="checkbox"/> Boot, Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Attendant, Assistant <input type="checkbox"/> Other:	Beginning Date & Time	Ending Date & Time
Note - All permanent authorizations must go through Student Life's Disability Services (for students) or the ADA/Office of Disability Services (for faculty/staff). Permanent authorization refers to a time lasting more than a semester.		

Health-Care Provider		
Last Name	First Name	M.I.
Office Address	Office Phone #	
License #	State of License	
Signature – Healthcare Provider or Authorized Ohio State Staff		Date