California State University, Fresno
Services for Students with Disabilities
Phone: (559) 278-2811

Office Use Only

Date: _____

Authorization #: _____

By: _____

# Application for SCOUT Transportation Service

**ATTENTION:** It will take 2-3 business days to process your schedule.

**Student's Name**: _____

**Student ID #** : _____

**Local Address**: _____
Street/Apt. # City State Zip

**Telephone**: (_____) _____-_____ **E-mail**: _____

How does your disability limit your mobility? _____

_____

What assistive devices do you use to aid in mobility? _____

_____

My disability is: ☐ **Permanent**, Term: _____

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

From: _____ To: _____

**Verification from physician or other appropriate professional for time indicated above:** ☐ YES ☐ NO

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

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## Approval for SCOUT Transportation Services

**For the continuing student:**

Verification has been reviewed and verified by: _____ Date: _____
SSD staff initial

**For the new student:**

Approval: _____ Date: _____
Disability Management Specialist

**Classification:** Red _____ Green _____ Yellow _____

**Temporary Blue 24-Hour Pass:** Yes _____ SSD Staff Signature _____

SCOUT Request

# Special Pick-Up Schedule

**<u>ATTENTION</u>: Please be SPECIFIC, noting which zone you will need to be picked up from.**

**A list of available pick-up zones can be obtained from the front desk.**

| Day(s) | Time | Pick – up site | Destination |
|---|---|---|---|
| MWF | 8:50 am | Zone 4a | Zone 17a |
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Example

***COMMENTS***

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