

## 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:**

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