CENTER FOR DISABILITY ACCESS & RESOURCES
MOBILITY ACCESS VAN REQUEST FORM

☐ Student  ☐ Visitor  ☐ Faculty  ☐ Staff

Name: ____________________________________________________________

Address: _______________________________________________________________________

Telephone Number: ______________________________

E-mail Address: ____________________________________________________________

Type of Disability: ___________________________________________________________

In case of an emergency, contact: __________________________________________

Is your condition temporary? ☐ YES ☐ NO

If yes, when is your recovery date? ____________________________________________

Do you have any of the following aids for mobility?

☐ Manual Wheelchair  ☐ Power Wheelchair  ☐ Power Scooter
☐ Cane  ☐ Crutches  ☐ Guide Dog
☐ Personal Assistant  ☐ Other

I hereby certify that the information provided is true and correct. I agree to abide by all of
the rules and regulations of the CeDAR Mobility Van. I further understand that any false
statements made on this request form, may revoke all privileges with the CeDAR Mobility
Van.

Signature_________________________ Date________________

Approved By: _________________________ Date________________

CeDAR Administrator

PLEASE RETURN REQUESTS TO:
Center for Disability Access and Resources
Florida A&M University
640 Gamble St.,
Tallahassee, FL 32307-4900
(850) 561-2513 Fax