



# ACCESSIBLE CAMPUS ACCOMMODATION AND PARKING REQUEST

Accessibility Services  
[AccessibilityServices@royalroads.ca](mailto:AccessibilityServices@royalroads.ca)  
Phone: 1.800.778.8028 Fax: 250.391.2670  
2005 Sooke Road Victoria BC V9B 5Y2

## STUDENT INFORMATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

The personal information collected on this form is collected under the authority of the University Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information collected will be used for assessing medical needs, in relation to parking and housing accommodation requests. For more information regarding the collection and use of personal information please contact RRU's Privacy Officer at 250 391-2600 (ext. 4178) or email: [info@royalroads.ca](mailto:info@royalroads.ca), or in writing at above the address.

## STUDENT IDENTIFICATION

I authorize my healthcare practitioner to complete this form as it relates to assessing parking and campus accommodation needs at RRU. Any fees incurred for completion of this form are my responsibility. I understand this form must be submitted to Accessibility Services at least two weeks prior to the date of required accommodation **for each residency**. If the medical condition is permanent, the practitioner statement section is not required to be completed a second time.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## HEALTHCARE PRACTITIONER STATEMENT Medical Condition Requesting Disabled Parking Pass

Royal Roads University's campus has unreserved parking spaces located at the top and bottom of a steep hill (23% incline) which can be challenging for people with mobility limitations. There are a limited number of reserved parking spots around the classroom buildings that require permission for use.

The above-named student would benefit from a disabled parking space for his/her studies on campus due to the following medical condition, illness, or disability: \_\_\_\_\_

Medical condition permanent? Yes  No  End date, if temporary: \_\_\_\_\_

### Medical Condition Request for Accessible On-Campus Accommodations

The above-named student would benefit from additional medical support when staying in housing on campus due to the following medical condition. Note: "urinary frequency" is not sufficient cause for assignment of a private bathroom: \_\_\_\_\_

Medical condition permanent? Yes  No  End date, if temporary: \_\_\_\_\_

### While staying in on-campus housing, the student needs:

- Private room with the bathroom
- Accessible room with safety rails in the bathroom
- Refrigerator for medication
- Sharps container
- Queen sized bed
- Other: \_\_\_\_\_

## HEALTHCARE PRACTITIONER IDENTIFICATION

Name: \_\_\_\_\_

Specialty/Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_