

ACCESSIBLE CAMPUS ACCOMMODATION AND PARKING REQUEST

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, or in writing at above the address.

STUDENT IDENTIFICATION

I authorize my healthcare provider to complete this form to assess my parking and campus accommodation needs at RRU. I understand that I am responsible for any associated fees. This form should be submitted to Accessibility Services, ideally at least one month before attending a residency. If the student's condition is permanent, the healthcare provider only needs to complete this form once. However, it remains the student's responsibility to provide details regarding residency and room requirements to Accessibility Services for each residency on campus.

Student Name: _____ Signature: _____

Student Number: _____ Program: _____ Date: _____

Arrival Date: _____ Departure Date: _____

HEALTHCARE PRACTITIONER STATEMENT

Medical Condition Requesting Accessible 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. A limited number of accessible parking spaces are available near the classroom buildings and require prior approval to use.

The student named above requires access to an accessible parking space 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 student named above would benefit from additional medical support while staying in campus housing due to the following medical condition: (Please note: "urinary frequency" alone does not justify the assignment of a private bathroom.) _____

Medical condition permanent? Yes ☐ No ☐ End date, if temporary: _____

RRU's private ensuite rooms include a queen bed, microwave, mini-fridge, and coffee maker.

While staying in on-campus housing, the student requires:

- ☐ Private room with bathroom and grab bars in the bathtub
- ☐ Accessible room with safety rails in the bathroom
- ☐ Sharps container
- ☐ Quiet room or room away from high-traffic areas if possible
- ☐ Other: _____

HEALTHCARE PRACTITIONER IDENTIFICATION (Office stamp or physician license # required)

Name: _____

Specialty/Occupation: _____

Signature: _____ Date: _____

Address: _____ Phone: _____