



VILLANOVA UNIVERSITY

DIAGNOSTICIAN REPORT FOR PARKING ACCOMMODATIONS

DIAGNOSTICIAN INFORMATION

The diagnostician who evaluates the student must be a licensed or otherwise properly credentialed professional who:

- is qualified/certified to evaluate and diagnose the disability
- is familiar with the challenges and functional requirements of a college environment
- is an impartial evaluator or diagnostician who is **not** a family member **nor** in a dual relationship with the student.

Name of Medical Professional:

Degree/Specialty:

Phone Number:

Email Address:

License # (indicate state):

STUDENT INFORMATION

Name of Student:

Student Date of Birth:

MEDICAL INFORMATION

Please provide a diagnostic statement of the student's medical condition that necessitates a parking accommodation, including medical diagnosis(es) and onset of condition(s).

What is the date of the most recent evaluation?

What are the substantial limitations on the major life activities that are imposed by the condition(s)?

What is the expected duration, stability, or progression of the condition(s)?

Please list current treatments, medications, devices, or services currently prescribed or used to minimize the impact of the condition(s).

Students looking for a parking accommodation may be able to address their needs through university provided services, such as shuttles to grocery stores and pharmacies, access to the Mobility Shuttle, which can take students to off-campus medical or therapeutic appointments within a 3-mile radius, or through access to the on-campus Zipcar, local rideshare services, or public transportation.

Please provide a detailed description of the recommended parking accommodation for when the university provided services have been explored by the student and will not meet their needs. Please include a clear connection between the impact of the condition and the need to have access to a car on campus.

If applicable, please share the expected in-person treatment schedule. Include days, times, and location of appointments and treatment. Please list the expected start and end dates for this treatment.

Please note that, if approved, appropriate parking assignments will be determined by the University based on the availability of space across campus. Please do not include a request for specific parking locations.

I attest that I am a licensed, clinical professional or healthcare provider treating this student for their medical condition(s), and I completed this report on behalf of the student I am treating.

Yes

Please type your full name below, which will serve as your electronic signature.

Today's Date

PARKING ACCOMMODATION REQUEST DEADLINES

For all students, academic year 2026-2027 parking accommodation requests and supporting documentation must be received by June 1, 2026