

Passenger Information

Name (Last, First, M.I.) _____ TU ID # _____
 Email Address _____ Home / Cell Phone # (____) _____
 Local Address _____
 City, State, Zip _____

Disability Information

Please check all that apply:

- I can use the Towson University shuttles, but only if lift-equipped.
- I have difficulty accessing the existing bus stops. (Please indicate which stop(s) _____)
- I need assistance to board and / or exit the Towson University shuttles.

Please list any concerns or medical conditions you feel the driver should be aware of?
 (Ex. Fainting spells, seizures, navigation deficits, etc.): _____

If you use a mobility aid, please check all that apply:

- Wheelchair* Long White Cane Leg Brace Service Animal
- Scooter* Walker Crutches
- Other: _____

Do you have a Personal Care Attendant? Yes No

If so, please provide his / her name: (Last, First) _____

*Restrictions may apply.

Scheduling Information

Day of Week	Pick-up Location	Time	Drop-off Location

Please attach additional sheets as necessary.

I understand that my application will be returned if it is not complete. I confirm that all the information that I provide on this application is true, to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any material information will lead to the revocation of my registration. I understand that a false statement made herein may result in the rejection of my application for Paratransit service.

I agree to notify Parking & Transportation Services if I no longer need Paratransit services for any reason, including a change in my ability to use the fixed route bus service. I also understand that failure to adhere to the policies and procedures for using Paratransit may be grounds for suspending or revoking my eligibility to participate in this program.

Signature _____ Date _____

Access Card Assigned: _____	Date Range: ____/____/____ - ____/____/____
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