

MONTCLAIR STATE UNIVERSITY

PWD Shuttle Service Request Form

Disability Resource Center

Cole Hall, 331

Phone – 973-655-5431 Fax – 973-655-5308

Please return completed request to The Disability Resource Center.

Student: Please complete top section only

Name _____ CWID# _____

Home Address _____

On Campus address _____ Phone number _____

I understand that my personal medical information will be shared on a “need to know” basis with other University Offices. I authorize Montclair State University’s Health and Counseling Services to contact my health care provider if further information is needed.

Student’s Signature _____ Date _____

To be completed by Health Care Provider

Dear Health Care Provider:

Your patient is requesting special transportation services from Montclair State University based upon an inability to walk or use our regular shuttle service due to temporary or permanent disability

1. Diagnosis:

2. How long will this service be needed? From _____ until _____

We will contact you if further information is needed. (See signed patient release at top of page)
Thank You!

Signed: _____ Date _____
Health Care Provider

Name (please print)

Office Address/Stamp:

Office Phone: (____) _____



PWD Shuttle Service Procedures

- Shuttle service will be provided after medical documentation is received and your request approved.
- Shuttle users must provide us with a copy of their schedule including pick up times and locations.
- Every effort will be made to provide timely service to those whose schedules have been submitted.
- Last minute requests can be made by calling the Shuttle Service department at (973) 655-3326.
- Immediate service cannot be guaranteed to those making last-minute requests.

Student Name_____

Cell Phone # _____

WEEKLY SCHEDULE

[illegible]