

REQUEST FOR TEMPORARY HANDICAPPED PARKING PERMIT

TEMPORARY HANDICAP PARKING PERMITS ARE FOR USE AT MARSHALL SPACE FLIGHT CENTER ONLY

Requesters Name:	Request Date:
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Building Number:	Room Number:	Organization Code:
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Office Phone:	Fax:
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Vehicle Tag Number:	State:
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Requested Parking Area(s):

Justification For Temporary Handicapped Parking Permit (attach physician's statement including number of days temporary parking permit is required):

Expiration Date of Permit: _____ (not to exceed 90 days from the date of issuance)

Statement of Compliance:

I understand that by signing this form I am certifying that I meet the criteria necessary to receive a temporary parking permit issued by NASA Marshall Space Flight Center.

Signature of Applicant: _____

APPROVAL

Name of Supervisor:

Signature of Issuer: (Disability Program Manager)	Date:
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