The Patriot Lift program provides transportation via a wheelchair equipped golf cart between classes, meetings, and events to Mason students, staff, faculty, and visitors with short-term and long-term mobility impairments. To participate in the Patriot Lift program, please obtain an evaluation from Student Health Services, Office of Disability Services, Office of Equity and Diversity, or the Transportation Office (only for those with a DMV issued disabled placard) and submit this form to the Transportation Office located in Nottoway Annex, MS 1J6 or email it to patlift@gmu.edu. Visit us online at transportation.gmu.edu/patlift or call 703.993.2828.

Full Name: ________________________________  G#: ________________________________  
Email: ________________________________  Cell Phone: ________________________________

Dates of Service (please check one box):
- I will need temporary accommodation. Dates of Service: ________________________________
- I will need permanent accommodation. (Please submit a new schedule for each semester.)
  Service starts on: ________________________________

Special Instructions/Needs: ________________________________

I would like to schedule (please check one box):
- Regular pick-ups and drop-offs. (Please complete the schedule below. No service on Sat and Sun.)
- On an as-needed basis. (Please call 24 hours in advance to schedule the service. No need to fill out the schedule below but must still be approved by one of the offices listed below.)

Pick-up and drop-off times are scheduled in fifteen minute increments. For example: 12pm, 12:15pm, 12:30pm, 12:45pm, etc.

<table>
<thead>
<tr>
<th>Day and Date</th>
<th>Pick-up Time and Location</th>
<th>Drop-off Time and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>Example:</td>
<td>Example:</td>
</tr>
<tr>
<td>Mon, Sep 2014</td>
<td>12:00pm University Hall</td>
<td>12:15pm Johnson Center</td>
</tr>
</tbody>
</table>

Use the back of this form for additional space.

For Internal Use Only

This application is:
- Approved. Reason: ________________________________
- Denied. Reason: ________________________________

Office:
- Student Health Services. Name & phone of Administrator: ________________________________
- Office of Disability Services. Name & phone of Administrator: ________________________________
- Office of Equity and Diversity. Name of Administrator: ________________________________
- Transportation Office. Name of Administrator: ________________________________