

# Patriot Lift

## APPROVAL AND SCHEDULING FORM

The Patriot Lift point to point service provides transportation via a golf cart or wheelchair-accessible golf cart between classes and meetings to Mason students, staff, faculty, and visitors with short-term and long-term mobility impairments (“Users”).

To participate in the Patriot Lift program, Users must receive approval from (if student) the **Student Health Services** (2300 Student Union Building I) or the **Office of Disability Services** (2500 Student Union Building I), or (if faculty/staff or Title IX-related) the **Office of Access, Compliance, and Community** (373 Aquia).

\*For those with a DMV issued disabled placard, submit this completed form directly to the Transportation Office located in Nottoway Annex, MS 1J6 or email it to [patlift@gmu.edu](mailto:patlift@gmu.edu). Visit us online at [transportation.gmu.edu/patlift.html](http://transportation.gmu.edu/patlift.html) or call (703) 993-2828.

**Hours of Service:**

Monday – Friday 8:30 am – 5:00 pm (first pick-up 8:45 am; last pick-up 4:45 pm)

- **Passengers are required to wear a seatbelt.**

Full Name: \_\_\_\_\_

G#: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I will need temporary -services (1-3 months). Dates of service (Please submit a new, approved form if service is extended past the dates of service listed): \_\_\_\_\_ - \_\_\_\_\_

I will need long-term services. (Please submit a new form for each semester.)  
Service starts on: \_\_\_\_\_

I have a wheel chair, scooter. Motorized? Yes  No  Weight (if known): \_\_\_\_\_

**Special Instructions/Needs** (Accompanied by an aide, service animal, or both): \_\_\_\_\_

I would like to schedule (please check one box):

Regular pick-ups and drop-offs. (Please complete the schedule on the next page)

On an as-needed basis. (Please call 24 hours in advance to schedule the service. Last minute pick-ups will only be accommodated based on availability of drivers. No need to fill out the schedule but must still be approved by one of the offices listed above.)

| For Internal Use Only                           |  |                               |
|---|--|-------------------------------|
| This application is:                            |  | For Parking & Transportation: |
| ___ Approved    ___ Denied                      |  | ___ Approved    ___ Denied    |
| Office  | Name and Phone Number of Administrator | Date                          |
| ___ Student Health Services                     |  |                               |
| ___ Office of Disability Services               |  |                               |
| ___ Office of Access, Compliance, and Community |  |                               |
| ___ Parking & Transportation (with DMV Placard) |  |                               |

