

# Patriot Lift

## APPROVAL AND SCHEDULING FORM

The Patriot Lift program provides transportation via a golf cart or wheelchair equipped golf cart between classes and meetings 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 (2300 SUB I) or the Office of Disability Services (2500 SUB I) (students) or the Office of Compliance, Diversity, and Ethics (373 Aquia) (faculty/staff).

For those with a DMV issued disabled placard, submit this 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.

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 (e.g. wheelchair): \_\_\_\_\_

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.

Day and Date	Pick-up Time and Location	Drop-off Time and Location
Example: Mon, Sep 2018	Example: 12:00pm Merten Hall	Example: 12:15pm Johnson Center

Use the back of this form for additional space.

For Internal Use Only		
<b>This application is:</b> ___ Approved ___ Denied	<b>Reason</b>	<b>For Parking &amp; Transportation only</b> ___ Approved ___ Denied
<b>Office</b> ___ Student Health Services ___ Office of Disability Services ___ Office of Compliance, Diversity, and Ethics ___ Parking & Transportation (with DMV Placard)	<b>Name and Phone Number of Administrator</b>	<b>Date:</b> <b>Name:</b>