

**Please submit Completed Form To:**  
 Student Disability Resource Center  
 Humboldt State University  
 1 Harpst Street  
 Arcata, CA 95521  
 Phone: 707-826-4678 Fax: 707-826-5397  
**Please do not email confidential information**

For Office Use Only	
Last Name	First Name

## Tram Services Mobility Documentation

The student named below may be eligible for transportation accommodations provided through the Student Disability Resource Center at Humboldt State University. In order to provide Tram Services, we must have a determination of a disability from his/her practitioner. Please be assured that the information provided by you will remain confidential in SDRC and will not be released to other persons unless instructed to do so by the student.

### Section 1: Student Information (To be completed by student)

Name:  HSU ID #:

Address:  City:  State:

Zip Code:  Phone Number:  HSU email:

I authorize the release of the information requested on this Disability Documentation Form to the Student Disability Resource Center, Humboldt State University.

Student Signature: \_\_\_\_\_ Date:

**Please note: Student medical records supplied to this office constitute "education records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.**

### Section 2: Licensed Practitioner: (To be completed by Practitioner)

Name:

Address:  City:  State:

Zip Code:  Phone Number:  Fax Number:

License Number:  Type of License:

Diagnosis:

This diagnosis is considered:  Temporary End Date:   Permanent

Provider Signature: \_\_\_\_\_ Date: