

Demand and Response Transportation (DART) Registration Form:

Registrant Information

Name:	UVA Email Address: _____@virginia.edu
UVA ID Number:	Area Code & Phone #:
Local Address:	UVA Affiliation: _____ Student _____ Staff or Faculty
Requested Service End Date:	Information Regarding Need for Service:

To help in providing the proper service, please check any/all that apply:

- Using Crutches Visual Disability Service Animal
 Scooter Need a lift-equipped vehicle Travel with a Companion
 Hearing Disability Manual Wheelchair

Authorizing Entity

* **Students:** Student Disability Access Center, Student Health, Athletics/Sports Medicine, or personal physician

* **Staff or Faculty:** Employee Health or personal physician

The above applicant is unable to use the fixed-route bus transportation (UTS) and is therefore authorized to receive assistance from the DART transportation services through _____(end date):

Authorizing Signature: _____ Date: _____

Title : _____

Department or Practice: _____

Submit

For questions or assistance in completing this form contact:

Ms. Melissa Oliver, DART Service Coordinator

Office for Equal Opportunity and Civil Rights

P.O. Box 400219, Charlottesville, VA 22904

Phone: 434-924-3095, Fax: 434-924-1313, email: mo3a@virginia.edu