



Office of Affirmative Action and Equal Opportunity Programs
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215-898-6993 (voice)

215-898-7803 (TDD)

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PENN ACCESS TRANSIT MEDICAL DOCUMENTATION FORM

This form must be completed and returned to our office by mail or fax prior to authorization to use Penn Access Transit. Please attach additional sheets as needed.

Penn ID#: _____

First Name: _____ Last Name: _____

Job Title: _____ School/Center: _____

Pick-up Address: _____

Drop-off Address: _____

Contact Number: _____ Email: _____

1. How long will you need to use the Penn Access Transit?

Permanent Temporary: Dates - _____ to _____

2. Please indicate the reason you wish to use the Penn Access Transit system

By signing this form, you understand that the use of the Penn Access Transit system is granted contingent upon receipt of your medical documentation.

Your signature affirms that this information is true to the best of your knowledge.

Print Name:

Signature:

Date:
