



PARATRANSIT SERVICES APPLICATION

Passenger Information

Name (Last, First, M.I.) _____ TU ID # _____

Email Address _____ Phone # (_____) _____

Disability Information

Please circle all that apply:

I can use the Towson University shuttles, but only if equipped. Y N

I need assistance to board and / or exit the Towson University shuttles. Y N

Please be aware that drivers can only provide assistance getting on and off the bus.

Please list any concerns or medical conditions you feel the driver should be aware of to serve you better. (Ex. Fainting spells, seizures, navigation deficits, etc.):

If you use a mobility aid, please circle all that apply:

*Restrictions may apply

Wheelchair*
Service Animal

Long White Cane
Scooter*

Knee Scooter
Walker

Are you using a mobility device that is not listed? If so please indicate. This will help us to serve you better.

Do you have a Personal Care Attendant? (If yes please provide his/her name)
