



Accessible Van Schedule Form

Return this form to Joel Mazeika, RIT Parking & Transportation

Email: jrmcps@rit.edu

Name: _____

Date: _____

Campus/Cell Phone: _____

Term: _____

Preferred Contact Method: Voice ___ Text ___ Email: _____

Mobility Assist Device Used: Yes ___ No ___

Monday

| Pick Up Time | From | To |
|--------------|------|----|
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| | | |

Tuesday

| Pick Up Time | From | To |
|--------------|------|----|
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| | | |
| | | |

Wednesday

| Pick Up Time | From | To |
|--------------|------|----|
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| | | |
| | | |

Thursday

| Pick Up Time | From | To |
|--------------|------|----|
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| | | |
| | | |
| | | |

Friday

| Pick Up Time | From | To |
|--------------|------|----|
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| | | |

Additional Special Instructions