



Accessibility Resource Centers for Students

Tram Request Form

FISCAL YEAR _____

Copy of Current Student ID
 Copy of Current Class Schedule

SUMMER

FALL

WINTER

SPRING

Initial Request

Change Request

Name	Mt. SAC ID #	Phone #
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Mobility-Aide Assisted

ABI

Medical - Other

Temporary 1-6 Months

Specify other medical (i.e., Heart, Asthma, etc.): _____

Permanent

I have read the rules on reverse side, and agree to submit & clarify with the Tram driver any changes on this request.

Student Signature

Date

DAY	Pick up Time	PICK-UP LOCATION <small>(Specify exact location i.e., North side, Lot A, etc.)</small>	DROP-OFF LOCATION <small>(Specify exact location i.e., North side, Lot A, etc.)</small>	Time of CLASS and/ or DESTINATION
MON				
TUES				
				(OVER)

TRAM REQUEST

FISCAL YEAR _____

DAY	Pick up Time	PICK-UP LOCATION (Specify exact location i.e., North side, Lot A, etc.)	DROP-OFF LOCATION (Specify exact location i.e., North side, Lot A, etc.)	Time of CLASS and/or DESTINATION
WED				
THURS				
FRI				

Rules and Regulations:

- ACCESS is not responsible for student’s personal property while on the tram.
- You must keep your arms, legs, feet inside of the tram at all times.

Counselor Approval: _____

Notifying the ACCESS Office at (909) 274-4290 is a must:

1. When you are not attending school on a day you are scheduled for tram use.
2. When your schedule changes.
3. When one of your classes has been dropped.
4. When you know in advance a class has been cancelled.

Date Authorized: _____