

## LPC Commencement Ceremony – Access Mobility Form

To assist Guest Services with seating your Guest, please provide the following information:

Graduate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guest's Name: \_\_\_\_\_ Relationship to Graduate: \_\_\_\_\_

Attendant's Name \_\_\_\_\_ Graduate's Contact Telephone Number: \_\_\_\_\_  
(If different than Guest: \_\_\_\_\_)

Medical/Physical Situation:     Wheelchair     Walker     Crutches  
 Pregnant     Recent surgery     Other: \_\_\_\_\_



Please inform your Guest that access  
mobility parking is available in

**Parking Lot P**

**Ticketed guests requiring access mobility seating should arrive at 9:30 am,  
bypass the guest line, and check-in at the Access Mobility Counter.  
You will be escorted to your seat(s).**