

Student Health Services

107 Eickhoff Hall

Phone: (609)771-2483 Fax: (609)637-5131 E-Mail: health@tcnj.edu

MEDICAL PARKING REQUEST (TO BE COMPLETED BY STUDENT)

me:TCNJ ID#:			
Telephone: ()	E-Mail:		
Do you live on-campus? No Yes	Freshman?	No	Yes
CLOSER PARKING (not in Handicapped Parking Zones):			
Submit this form and a letter, on office letterhead, signed by information:	y your personal healthcare	e provider, o	containing the following
Diagnosis/nature of your disability			
 Reason(s) why closer parking to classes/r The length of time closer parking is needed 			
*TCNJ cannot approve handicapped parking. O Permanently disabled individual Commission for handicapped plowww.state.nj.us/mvc/ O Temporarily disabled individual: 609-882-1313 for information.	ates/placards. For detaile	ed informati	ion, go to
FRESHMAN RESIDENTIAL PARKING EXCEPTION: Submit this form and the Medical Parking Application for F	Residential Freshman com	pleted by y	our healthcare provider.
Subject to space availability, residential freshman who dem attend frequent, scheduled medical or psychological appoin be scheduled at least weekly and not on an "as-needed" bas	tments may qualify for a		
Submit requests to Student Health Services BEFORE bring accompany original request.	ing your vehicle to campu	ıs. All nece	essary documentation must
What are you requesting? Closer parking to classe	es/residence hall		
Freshman Residential P	arking Exception		
Please provide a brief explanation of why you are requesting	g an exception to parking	policy:	
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Attach "Medical Parking Application for Residential Freshman" (if requesting to bring personal vehicle to campus) or letter from personal healthcare provider if requesting "closer" parking. Requests are reviewed by the Director of Student Health Services, or designee, within 48 hours of receipt. Students will be notified of decision by telephone or e-mail.