

SETON HALL UNIVERSITY

Student Application for Medical Exception Parking

Only resident seniors, those with 90 or more credits, and commuters are allowed to purchase a parking permit and have a car on campus. Exceptions to this parking restriction are rarely made and may be considered for students with a disability-related need for having a car on campus. This application is to request parking on campus due to a disability or medical condition. Requests for an exception will be reviewed on a case-by-case basis. Frequency, duration, and location of treatment facility will be considered as part of the review process. Your request must be accompanied by the attached certification form which must be completed by a qualified healthcare professional. Please return completed request and certification form to Disability Support Services.

Please Note: Seton Hall provides regular shuttle service throughout the day around town, and also offers trips to major shopping areas and the South Orange train station. In addition, Zipcar vehicle sharing services are on-campus and available for use by all SHU students. For information on other mass transit, please visit www.njtransit.com.

Name: _____ SHU ID: _____

Permanent Address: _____
and Street City, State Zip Code

On-Campus Housing: _____
Residence Hall Name and Room #

Academic Year: _____ Phone Number: _____

SHU Email: _____ Alternate Email: _____

Status: Incoming Freshman Transfer Continuing Student

1. Have you had this accommodation at Seton Hall University in the past? _____

2. What is the treatment type (ie., counseling, physical therapy, etc.)? _____

3. Please describe how this parking accommodation will reduce the impact of your disability and/or health condition?

4. Please add any other information you feel is important for us to consider in reviewing your request.

5. Would you like Disability Support Services to contact you regarding disability related academic accommodations or support services? Yes _____ No _____

Student's Signature: _____ Date: _____

Student Medical Exception Parking Parking Services Form

Student Contact Information:

Name: _____ SHU ID: _____

Permanent Address: _____
and Street City, State Zip Code

On-Campus Housing: _____
Residence Hall Name and Room #

Academic Year: _____ Phone Number: _____

SHU Email: _____ Alternate Email: _____

DSS Office Use Only

____ APPROVED

____ DENIED

DSS Staff: _____ DSS Staff Signature: _____

Date Processed/Approved: _____

Expiration Date: _____

Student Medical Exception Parking – Physician Certification

Student, _____, has applied for parking at Seton Hall University. As per the student parking protocol outlined by the Office of Parking Services, he/she is not entitled to on-campus parking and is requesting an exception to the general parking regulations. Exceptions to this parking requirement may be considered for students with a disability-related need for having a car on campus. Requests for an exception will be reviewed on a case-by-case basis and frequency, duration, and location of treatment, as well as access to alternative means of transportation (ie., mass transit, Zipcars, etc.), will be considered during the approval process. Please complete the form below so that the student's request can be reviewed.

Student's diagnosis/condition: _____

Date of most recent office visit: _____

Location of office/treatment facility: _____

and Street

City, State

Zip Code

Type of treatment: _____

Frequency of treatment that requires the student to commute from Seton Hall's South Orange campus to the provider's office during the academic year: _____

Duration of treatment (please include start date and anticipated end date): _____

Reasons for ready access to own transportation (cannot include "just in case" circumstances):

Provider's name: _____

Provider's office address (if different from above): _____

and Street

City, State

Zip Code

Provider's office phone: _____

Provider's fax number: _____

We will contact you if further information is needed. Thank you.

Provider's Signature: _____ Date: _____

Provider's ID/License: _____