



# MONTCLAIR STATE UNIVERSITY

## Parking Policy Exception Request – Medical Appeal

Disability Resource Center

College Hall, Room 331

Phone – 973-655-5431 Fax – 973-655-5308

Please return completed request to The Disability Resource Center. A decision will be made pending a review of medical documentation.

### Student: Please complete top section only

Name \_\_\_\_\_ CWID# \_\_\_\_\_

Home Address \_\_\_\_\_

On Campus address \_\_\_\_\_ Phone number \_\_\_\_\_

I understand that my personal medical information will be shared on a “need to know” basis with other University Offices. I authorize Montclair State University’s Health and Counseling Services to contact my health care provider if further information is needed.

Student’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Dear Health Care Provider:

Your patient is or will be a resident student at Montclair State University who is ineligible to park on campus.

Exceptions will only be made for students who demonstrate a compelling need for a parking exception. A medical appeal will be considered for students who need to attend frequent (at least weekly), scheduled (not “as needed”) medical, dental, or psychological appointments in areas not served by public transportation.

1. Diagnosis: \_\_\_\_\_

2. Frequency of scheduled appointments \_\_\_\_\_

3. Date of next appointment \_\_\_\_\_

4. Reasons for ready access to own transportation (cannot include “just in case” situations: \_\_\_\_\_

5. How long will the student need this level of care and frequency of visits? \_\_\_\_\_

6. Is there anything you would like to add to further justify this request? \_\_\_\_\_

We will contact you if further information is needed. (See signed patient release at top of page) Thank You!

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Health Care Provider

Please Print name \_\_\_\_\_

Office Address/Stamp: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_