

Parking Accomodation Request – Medical Appeal

Disability Resource Center

Cole 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# _____

Phone number _____ Campus Email _____

I am a: Commuter Resident Residence Hall (ex.Russ10A) _____

Request to Park on-campus Request for Alternative Parking Location (Indicate preferred lot below)

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 Student Health and/or Counseling & Psychological 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 student at Montclair State University who is ineligible to park on campus or in a specific parking location/lot.

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 or the Persons with Disabilities campus Shuttle (PWD).

1. Diagnosis: _____

2. Reason(s) for ready access to own transportation or closer parking (cannot include “just in case” situations): _____

3. Date & Frequency of appointments: _____

4. How long will the student need this level of care and frequency of visits? _____

5. 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 the page) Thank You!

Signed: _____ Date _____
Health Care Provider

Please Print name _____

Office Address & Phone: _____

Office Stamp: