



### Student Health Services

107 Eickhoff Hall  
2000 Pennington Road  
Ewing, N.J. 08628-0718  
Phone: 609-771-2889; Fax: 609-637-5131  
E-Mail: health@tcnj.edu

## Medical Parking Application Form for Residential First-Year Students

### HEALTHCARE PROVIDER'S STATEMENT

Dear Health Care Provider:

Residential first-year students are not permitted to park on campus. However, those students who demonstrate a compelling need for personal transportation to attend frequent, scheduled medical or psychological appointments may qualify for an exception to this policy. Appointments must be scheduled at least weekly and NOT on an "as needed" basis.

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First*

1. Diagnosis: \_\_\_\_\_
2. Is this a permanent \_\_\_\_\_ or temporary \_\_\_\_\_ health issue?
3. What is the purpose of these scheduled office appointments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the frequency of these appointments? \_\_\_\_\_ x week that begin/began on the following date: \_\_\_\_\_
5. How long do you anticipate these appointments being needed (e.g., "4 weeks", until "Nov 1, 2019"): \_\_\_\_\_
6. What is the date of the student's next appointment: \_\_\_\_\_
7. If mobility is limited, does this student also need closer parking to classes & residence hall? No \_\_\_\_\_ Yes \_\_\_\_\_
8. Additional Information to support this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider's Printed Name AND Credentials: \_\_\_\_\_

Office address: \_\_\_\_\_  
*Street City State ZIP*

Telephone: ( ) \_\_\_\_\_

Rubber Office Stamp (REQUIRED)