

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 Freshman

HEALTHCARE PROVIDER'S STATEMENT

Dear Health Care Provider:

Residential freshmen are not permitted to bring a car to campus. However freshmen who demonstrate a compelling need for personal transportation to attend <u>frequent</u>, <u>scheduled medical or psychological appointments</u> may qualify for an exception to this policy. Appointments must be scheduled at least weekly and NOT on an "as needed" basis.

Please complete the following and give to patient or fax to TCNJ Student Health Services at 609-637-5131. Thank you.

Student's name: Last First				Date of Birth:		
I.						
 3. 	·					
4.	What is the purpose of these vi	sits:				
5. 6.	What is the date of this patient'	• •			No	Yos
7.						_
Health Care Provider's Signature:			Date	:		
He	alth Care Provider's Printed Nam	ne:				
Te	lephone: ()					
Ad	dress or office stamp:					