



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

TO BE COMPLETED BY THE STUDENT

Name: _____ PAWS ID#: _____

Telephone: (_____) _____ E-Mail: _____

Do you live on-campus? No _____ Yes _____ Freshman? No _____ Yes _____

What are you requesting? (see descriptions below) Closer parking to classes/residence hall¹ ☐

Exception to the Residential Freshman Parking Policy² ☐

In your words, why do you need medical parking? _____

¹CLOSER PARKING FOR PERSONAL MEDICAL REASONS (excludes Handicapped Parking Zones*):

Submit this form and a currently-dated letter signed by your personal healthcare provider on his/her office's letterhead containing the following information:

- Diagnosis/nature of your disability
- Reason(s) why closer parking to classes/residence hall is needed
- END DATE

**TCNJ cannot approve handicapped parking. To apply for a handicapped parking permit:*

- **Permanently disabled individuals:** Application to the State of New Jersey Motor Vehicle Commission for handicapped plates/placards. For detailed information, go to www.state.nj.us/mvc/
- **Temporarily disabled individuals:** Application to the Ewing Township Police Department. Call 609-882-1313 for information.

²EXCEPTION TO THE FRESHMAN PARKING POLICY FOR PERSONAL MEDICAL REASONS:

Subject to space availability, residential freshman who demonstrate a compelling medical need for personal transportation to attend frequent, scheduled medical or psychological appointments may qualify for a parking exception. Appointments must be scheduled at least weekly and not on an "as-needed" basis.

Submit this form and the **Medical Parking Application Form for Residential Freshman, HEALTHCARE PROVIDER'S STATEMENT** completed by your personal health care provider.

Do not bring your car to campus until you have been notified that your application has been approved and you have obtained the proper permit from Parking Services.

Submit this form and either the letter from your personal healthcare provider (for closer parking) or the Medical Parking Application Form for Residential Freshman – Healthcare Provider's Statement to Student Health Services. Your application will be reviewed by the director of Student Health Services and you will be informed of her decision by TCNJ email.