



**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#: \_\_\_\_\_

Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you live on-campus? No \_\_\_\_\_ Yes \_\_\_\_\_ First-year student? No \_\_\_\_\_ Yes \_\_\_\_\_

What are you requesting? (see descriptions below) Closer parking to classes/residence hall<sup>1</sup>   
Exception to the Residential First Year Student Parking Policy<sup>2</sup>

In your words, why do you need medical parking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what time period do you need this parking? \_\_\_\_\_

**<sup>1</sup>CLOSER 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/](http://www.state.nj.us/mvc/)
- **Temporarily disabled individuals:** Application to the Ewing Township Police Department. Call 609-882-1313 for information.

**<sup>2</sup>EXCEPTION TO THE FIRST-YEAR STUDENT PARKING POLICY FOR PERSONAL MEDICAL REASONS:**

Subject to space availability, residential first-year students 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 First-Year Students, 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 First-Year Student – 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 the decision by TCNJ email.