



Student Health Services

107 Eickhoff Hall
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E-Mail: health@tcnj.edu

MEDICAL PARKING APPLICATION FORM FOR RESIDENTIAL FRESHMAN

HEALTHCARE PROVIDER'S STATEMENT

Dear Healthcare Provider:

Freshman who live on campus are not permitted to bring their car to campus. However, those students who demonstrate a compelling need for personal transportation to attend frequent, scheduled, IN-PERSON medical or psychological appointments may qualify for an exception to this policy. Appointments must be scheduled at least weekly in-person and NOT on an "as needed" basis.

Student's name: Last First Date of Birth:

1. Diagnosis:

2. Is this a permanent or temporary health issue?

3. What is the purpose of these scheduled in-person 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, 2023")?

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:

License Number and State (required) Telephone: ()

Office address: Street City State ZIP