



Student Health Services

107 Eickhoff Hall
2000 Pennington Road
Ewing, N.J. 08628-0718
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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.

**Note: Medical parking exceptions are only approved for 1 semester at a time.*

Student's name: _____ Date of Birth: _____
Last First

1. Diagnosis: _____ Is this a permanent _____ or temporary _____ health issue?
2. What is the purpose of these scheduled in-person office appointments? _____

3. What is the frequency of these appointments? _____ x week that begin/began on the following date: _____
4. How long do you anticipate these appointments being needed (e.g., "4 weeks", until "Nov 1, 2023")? _____
5. What is the date of the student's next appointment: _____
6. If mobility is limited, does this student also need closer parking to classes & residence hall? No _____ Yes _____
7. 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

HEALTHCARE PROVIDER'S OFFICE STAMP REQUIRED