



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 hall¹ ☐
Exception to the Residential First Year Student Parking Policy² ☐

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

When do you need this parking to begin? _____ How long do you feel you will need this parking? _____

(Permits are NOT issued for more than one semester at a time. You must complete and submit new paperwork 2 weeks before the start of each semester)

Please provide the following information for the vehicle that you would park on campus if your request is approved:

--Make & Model of your vehicle (e.g., Toyota Camry): _____ Year of your vehicle: _____

--License plate NUMBER & STATE: _____

(Your application will not be processed without this information)

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:** <https://www.nj.gov/mvc/vehicles/disability.htm>

²EXCEPTION 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 through **OWL** - this form and either the letter from your personal healthcare provider (for closer parking) or the Medical Parking Application Form for Residential First-Year Students – Healthcare Provider's Statement to Student Health Services. Your application will be reviewed within 7 business days and you will be notified of the outcome of that review by TCNJ email.