



Request for Parking Medical Exception

PART I: TO BE COMPLETED BY THE STUDENT

First-year and sophomore resident students are not permitted to bring a vehicle to The University of Scranton or to have access to a vehicle within the city limits of Scranton. Students requesting a medical exception to The University of Scranton parking policy will be required to complete this authorization form. The ADA Committee will review the information received from your medical provider and make a decision to grant or deny the exception. Applications are on a semester by semester basis and the decision of the ADA Committee is final. You will be notified by email of their decision. Approval must be obtained prior to bringing a car to campus.

Student's Name _____
LAST NAME, FIRST NAME MIDDLE NAME

Date of Birth _____ Cell number _____

Time period requested for exception to parking regulation _____ to _____
START END

State all reasons for your parking accommodation request and adequate justification.

Reason

Justification

PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The above named student has applied for medical exception to the parking policy at The University of Scranton. In order to determine the student's eligibility for reasonable and appropriate accommodations, we ask that you provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information you provide will not become part of the student's educational records but will be kept confidential.

Please take into consideration when completing this form:

1. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
2. The medical provider should attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted as well.
3. The medical provider completing this form cannot be a relative of the student.

If you have any questions, please email non-academic-accom@scranton.edu.

1. Is this student currently under your care? Yes No

2. When did you last see this student? _____

3. What is the diagnosis/medical condition of this student?

Date of diagnosis _____

4. Does this condition/impairment require ongoing treatment?

5. Please describe the functional limitations resulting from the disability and any information relating to the student's needs that will require a student to have a vehicle on campus.

6. If yes, please provide specific accommodation and justification for each exception to parking regulation.

Accommodation

Justification

Accommodation

Justification

Name/Title

Address

Phone License number

Signature of provider Date

By typing your full name you are hereby signing this form.

Please email the completed form to non-academic-accom@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.