SUNY-ESF

APPLICATION FOR REVIEW OF SPECIAL PARKING EXCEPTION

This form must be filled out completely by you and your physician, in order to be considered. Once the form is turned in, we will review your request and you will be notified of the parking privileges you are eligible for.

Part I - Applicant Information:

__Employee __Student ESF I.D. #_____

Name:_____

Address:_____ (local or campus)

_____

Address:_____ (permanent)

_____

Phone #:_____ (local or campus)

Phone#:_____ (permanent)

If you are a student, please attach a copy of your current class schedule.

If you currently hold a valid State-Authorized handicapped parking permit, please attach documentation.

Your physician must complete information on reverse side and return to:

SUNY ESF
University Police Department
Attn: Chief Thomas J. LeRoy
1 Forestry Drive
19 Bray Hall
Syracuse, NY 13210
Phone: (315) 470-6667 Fax: (315) 470-6962

Applicant's Signature:_____ Date:_____

Part II - PHYSICIAN'S STATEMENT: (PLEASE RECOMMEND "A" *OR* "B")

Briefly describe the applicant's medical impairment:

_____

_____

Is the impairment _____ permanent or _____ temporary

If temporary, anticipated length of time?_____

___ A. The applicant's impairment **DOES NOT** warrant any special parking exceptions at this time.

___ B. The applicant **DOES** have limitations that would warrant special parking exceptions. These limitations are:

1. Walking distance (in blocks)_____
2. Climbing (stairs, hills, etc)_____
3. Exposure to the elements_____
4. Other_____

NOTE: This will qualify the applicant for an ESF Lot P-22 parking pass, and provide access to Syracuse University academic buildings, as well as SUNY ESF academic buildings via SU's Shuttle system, or the CUSE' Trolley.

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I certify that the above information is correct and the applicant meets the criteria for special parking consideration as outlined above.

Physician's Name:_____ Phone:_____

Address:_____

Signature:_____ Date:_____