

SUNY-ESF

APPLICATION FOR REVIEW OF SPECIAL PARKING CONSIDERATION

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: _____