

# 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 Robert Dugan  
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:

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Is the impairment \_\_\_\_\_ permanent or \_\_\_\_\_ temporary

If temporary, anticipated length of time? \_\_\_\_\_

\_\_\_ A. The applicant's impairment **DOES NOT** warrant any special parking consideration at this time.

\_\_\_ B. The applicant **DOES** have limitations that would warrant special parking privileges. 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: \_\_\_\_\_