Application for Temporary Accessible Parking

This form should only be completed by individuals who are currently eligible to park on-campus as per the policies specified by Seton Hall Parking Services. If you have questions regarding parking regulations, please contact Parking Services at (973) 761-9329.

Requests for temporary accessible parking must be accompanied by current documentation from a physician, with the **nature** and **duration** of the temporary limitation clearly indicated (page 2).

Parking Permit Type: Stude	ent Faculty/Sta	ff		
Name:	SHU	ID:		
Permanent Address:	City, State		Zip Code	
<i>Students</i> On-Campus Housing, if app	licable:	Room #	-	
Off-Campus Housing, if app	Hand Street Ap	pt # Cit	y, State Zip Code	
Staff Campus Location:	Building	Office Number	Office Phone Number/Ext.	
Academic Year:	Year: Phone Number:			
Signature:		Date:		
DSS Office Use Only				
Approved End Da	ate			
DSS Staff: Date Processed:	DSS Staff Sigr	iature:		

Application for Temporary Accessible Parking – Physician Certification

disabling condition. Disability Support Service	, has applied for accessible parking at Seton Hall University due to a temporary, es and Parking Services at Seton Hall University will review this document when rmining if this request can be granted.
Diagnosis:	
Description of temporary, disabling condition:	
Start Date of Accessible Parking Request:	
End Date of Accessible Parking Request:	
Physician Comments:	
Physician Name:	
Physician Office Address:	
Physician Office Phone:	
Physician Fax Number:	
Ce	rtification of Temporary Disability
I certify that my patient,	, will need temporary accessible parking for the above
Physician Signature:	Date:
Physician License Number:	
Pl	lease return this form to your patient
Mail, fax, or email to D	- or - Disability Support Services (DSS) at Seton Hall University
	400 South Orange Ave Duffy Hall, Room 67 South Orange, NJ 07079
	Phone: (973) 313-6003 Fax: (973) 761-9185 Email: DSS@shu.edu