

# Requestor Parking Medical Exception

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## 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. Students requesting a medical exception to the University of Scranton parking policy will be required to complete this authorization form. The Office of Equity and Diversity (OED) will review the information received from your medical provider and make a decision to grant or deny the exception. You will be notified by email of this decision. Approval must be obtained prior to bringing a car to campus.

Student's Name \_\_\_\_\_  
LASTNAME, FIRSTNAME MIDDLE NAME

Date of Birth \_\_\_\_\_ Cell number \_\_\_\_\_ Class Year \_\_\_\_\_

Time period requested for exception to parking regulation \_\_\_\_\_ to \_\_\_\_\_  
START END

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## 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. To determine the student's eligibility for reasonable and appropriate accommodations, please provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information provided will not become part of the student's educational records but will be kept confidential.

Please take into consideration when completing this

4. Does this condition/impairment require ongoing treatment?

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

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6. Please provide specific accommodation and justification for each exception to parking regulation.

6a. Accommodation:

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Justification:

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Necessary       Beneficial but not necessary

6b. Accommodation:

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Justification:

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Necessary       Beneficial but not necessary

7. If the student is requesting an accommodation of a medical parking exception for the purpose of attending off campus medical appointments and/or treatments, please provide the following:

7a. The frequency and duration of the scheduled appointments/treatments

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7b. s