



## Request for 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 their decision. Approval must be obtained prior to bringing a car to campus.

Student's Name \_\_\_\_\_  
LAST NAME, FIRST NAME 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 you provide will not become part of the student's educational records but will be kept confidential.

Please take into consideration when completing this form:

- All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
- The medical provider should attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted as well.
- The medical provider completing this form cannot be a relative of the student and must have evaluated the student within the previous 12 months.

If you have any questions, please email [non-academic-accom@scranton.edu](mailto:non-academic-accom@scranton.edu).

1. Is this student currently under your care? ☐ Yes ☐ No

1a. When did you last see/evaluate this student? \_\_\_\_\_

2. How long have you been working with this student regarding this diagnosis/medical condition? \_\_\_\_\_

2a. Date of diagnosis \_\_\_\_\_

3. What is the diagnosis/medical condition of this student?

3a. Date of diagnosis \_\_\_\_\_

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:

Justification:

☐ Necessary ☐ Beneficial but not necessary

6b. Accommodation:

Justification:

☐ 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

7b. Start and end dates of appointments/treatments

7c. Why public transportation such as buses, Uber, Lyft, or cabs are not an appropriate alternative form of transportation?

7d. Why available (if any) telehealth services cannot be used as an alternative for in person appointments?

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ License number \_\_\_\_\_

Signature of provider \_\_\_\_\_ Date \_\_\_\_\_

By typing your full name you are hereby signing this form.

Please email the completed form to [non-academic-accom@scranton.edu](mailto:non-academic-accom@scranton.edu)  
or return it to the student so it can be uploaded to the Accommodate system.