

Healthcare Appointments Parking Exception Documentation

Student Name _____ TU ID # _____

The physician or healthcare provider must complete this “exception” form along with a request on letterhead with required information. The exception letter must include the physician’s full name, business address, phone and fax number. Please allow up to 10 business days for the review and decision.

The university has shuttle services to all locations on campus and operates an on-call Paratransit service with lift equipment for individuals with mobility issues. The paratransit service will get students close to buildings. Request for a vehicle to move around campus will not be accepted.

Students must have the following information completed and submit the forms as indicated below:

- ◇ Parking Exception Request form » Submit online through eParking.
- ◇ Family Care Provider Parking Exception documentation » Hand deliver or email to TU Health Center (healthcenter@towson.edu) **Do not send this form to Parking & Transportation Services.**
- ◇ Physician’s business card or letterhead with contact information » Hand deliver or email to TU Health Center (healthcenter@towson.edu).
- ◇ Formal letter of request to the TU Health Center to include information on the type of care being provided, frequency and the expected duration that care will be required. **Do not send this form to Parking & Transportation Services.**

Must be completed by the student’s physician

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|-------------------|---------------------------|-------------------------|
| Physician’s name: | Physician’s phone number: | Physician’s fax number: |
|-------------------|---------------------------|-------------------------|

Complete address where services/appointment will be provided (Include city, state & zip code):

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|----------------------|--------------------|
| Patient’s full name: | Patient’s address: |
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| What is the length of time the “exception” is being requested? From: _____ To: _____ <i>Request must be renewed each fall term .</i> | Estimated frequency (numerical) of appointments: ____ times per: week ____ month ____ term (semester) ____ |
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Reason for Exception

Medical Condition: *(Please explain (in common English) the condition and impact on the patient and why a vehicle will be necessary. This information will be used to determine if an exception will be granted.)*

The university has several hospitals and health centers nearby. Please explain below why services cannot be provided by a local or on-campus medical facility:

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|---|---|
| Physician Signature: _____ Date: _____ | TU Health Center Office Use Only Date Received _____ Meeting Date: _____ Reviewed by _____ Decision Date: _____ Approved for :Annual Permit _____ Short term permit from _____ to _____ Denied permit _____ Reason for Denial: _____ |
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