

APPLICATION FOR MEDICAL PARKING PERMIT

Please complete this form and provide a note from your medical provider.

Then return the information to: SCSU Student Health Services, 10 Wintergreen Avenue, New Haven, CT

Phone: (203) 392-6300 Fax: (203) 392-6301 Email: healthservices@southernct.edu

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Name _____ Date: _____

Student ID # _____ Semester: _____

Phone: _____

Do you have a Department of Motor Vehicles Permit? NO _____ Yes _____

Type of Vehicle _____ Marker Number _____

SCSU Parking permit number _____

CLASS SCHEDULE:

DAYS: _____ BUILDING _____

MORNING: _____ AFTERNOON: _____ EVENING _____

After signature from Student Health Services please take to University Police for actual permit.

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FOR HEALTH SERVICE USE ONLY:

Issuing Authority _____ Date: _____

Recommended permit period from _____ TO _____