



DISABILITY SUPPORT SERVICES
Student Affairs and Enrollment Services

SETON HALL UNIVERSITY

University Staff Application for Permanent Handicapped Parking 2008 - 2009

Please attach a copy of your vehicle registration, your current Motor Vehicle Disabled Person ID and a copy of your permanent disabled person parking permit hang tag, if applicable.

Name: _____

SHU ID # _____

Home Address: _____

Street & Number

City

State

Zip

Home Phone: _____

Cell Phone: _____

Campus Location: _____

Department

Building, Floor, & Office #

Office Phone: _____

Signature _____

Date: _____

DSS Office Use Only:

Date Received: _____

Date Processed: _____

Approved: End-date: _____

Denied

Date Sent to Parking Office: _____

DSS Signature: _____

Date: _____