



DISABILITY SUPPORT
SERVICES
Student Affairs and Enrollment Services

SETON HALL UNIVERSITY

University Staff Application for Temporary Handicapped Parking 2008 - 2009

Please complete the information below and have your physician complete the second page of the application. Temporary handicapped parking can only be granted with a physician's certification of a temporary disabling condition.

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 Physician Certification Received: _____

Date Processed: _____

___ Approved: End-date: _____

___ Denied

Date Sent to Parking Office: _____

DSS Signature: _____

Date: _____



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Physician Certification

Your patient, _____, has applied for staff temporary handicapped parking at the university because of a temporary disabling medical condition. Please complete the information below so that the staff member's request can be granted.

Diagnosis: _____

Date handicapped parking needs to begin: _____

Date handicapped parking will end: _____

Additional comments from physician: _____

Physician Name: _____

Physician Office Address: _____

Physician Office Phone: _____ Physician Fax Number: _____

CERTIFICATION of TEMPORARY DISABLING CONDITION

I certify that my patient, _____, will need temporary handicapped parking for the above identified duration of time.

Physician Signature: _____ Date: _____

Physician ID Number: _____

Please return form to your patient, or mail or fax to the address below.

Disability Support Services; Seton Hall University; Duffy Hall, Room 67; 400 South Orange Avenue;
 South Orange, NJ 07079

Phone: 973-313-6364 -- Fax: 973-761-9185