



## PARKING EXCEPTION APPLICATION

*This form must be filled out completely by you and your physician.*

### Part I - Applicant Information:

\_\_\_ Employee \_\_\_ Student                      ESF I.D. # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_                      Address: \_\_\_\_\_  
(local to ESF)                                      (permanent)

\_\_\_\_\_

Phone#: \_\_\_\_\_                      Phone #: \_\_\_\_\_  
(mobile)

**Students: include a proof you are a current student.**

**If you currently hold a valid State-Authorized handicapped parking permit, please attach documentation.**

**Your physician must complete information on reverse side and return to:**

**SUNY ESF  
NYS University Police  
Attn: Chief Robert Dugan  
1 Forestry Drive  
19 Bray Hall  
Syracuse, NY 13210  
Phone: (315) 470-6667 Fax: (315) 470-6962**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II - PHYSICIAN'S STATEMENT: (PLEASE RECOMMEND "A" OR "B")**  
**Briefly describe the applicant's medical impairment:**

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Is the impairment \_\_\_\_\_ permanent or \_\_\_\_\_ temporary

Temporary: End of need for parking? \_\_\_\_\_

\_\_\_ A. The applicant's impairment **DOES NOT** warrant parking needs.

\_\_\_ B. The applicant **DOES** have limitations that warrant parking needs.  
These limitations are:

1. Walking distance (in blocks) \_\_\_\_\_
2. Climbing (stairs, hills, etc.) \_\_\_\_\_
3. Exposure to the elements \_\_\_\_\_
4. Other \_\_\_\_\_

NOTE: Approval qualifies the applicant for a Parking Exception Permit, and provides nearby access to Syracuse University academic buildings, as well as SUNY ESF academic buildings via SU's Shuttle system, or the CUSE' Trolley.

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I certify that the above information is correct, and the applicant meets the criteria for special parking consideration as outlined above.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_