University of Rochester

PARKING ADJUSTMENT FOR TEMPORARY MEDICAL CONDITION

This form is intended for university faculty, staff, students and other affiliates who have a valid university parking permit and are requesting a temporary parking adjustment (lot re-assignment) due to the onset of a temporary medical condition. Individuals who do not have a current valid university parking permit must first complete the permit application.

Individuals who have a valid state issued disability placard should complete this form.

1. Applicant Information

Name _____

Address _____

If Student, Resident Hall _____

Employee/Student ID _____

Phone _____

Email _____

Primary Work Location _____

Date of Hire (if applicable) _____

2. Parking Information

All individuals parking in University of Rochester-owned or operated parking lots must possess a valid University-issued parking permit authorizing parking in their assigned lot.

Please select the applicable options below.

Parking Permit Status

☐ I currently hold a valid University-issued parking permit, and I am requesting reassignment to a different parking lot.

Current assigned parking lot: _____

☐ I do not currently hold a valid University-issued parking permit.

Individuals who do not have a current valid university parking permit must first complete the permit application.

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3. Medical Information

Medical documentation supporting the need for a temporary parking adjustment must be submitted to University Health Service Fax: (585) 756-0263 ATTN: UHS Directors Office

Email uhsdirectorsoffice@uhs.rochester.edu

Documentation must include:

Diagnosis of temporary medical condition that requires a parking adjustment and can be submitted as an office note from a Health portal or a letter from the provider. Documentation should indicate if patient can utilize a shuttle and define the expected duration of temporary medical condition.

4. Additional Information (Optional)

Provide any information about your temporary medical condition and your need for a parking adjustment.

_____

_____

_____

I certify that the information provided is accurate and that I will submit a copy of medical documentation that supports my request for a temporary parking adjustment.

Signature (typed): _____ Date: _____

For Office Use Only

Received date _____

Reviewed by _____

Decision: ☐ Approved ☐ Denied

Notes: _____

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