Special Parking Permit

Policy: In order to meet the needs of all students, faculty and staff at Hofstra University, it is the procedure of the University for all applicants for special parking permits to first submit those applications to the Health and Wellness Center for review.

For Hofstra University temporary special parking permits:

Procedure:
1. Complete the application available in the Hofstra University Health and Wellness Center, located in Republic Hall on the North side of campus.
2. Attach a letter of request from your physician. This letter must include:
   a. Reason for request and diagnosis. If the reason is related to a surgical procedure, then the request must include the type of surgery and the date of surgery. If the request is related to an accident, the request must include the date of the accident.
   b. Duration of medical need for special parking.
   c. Applications are to be personally submitted to the University Health and Wellness Center.
3. Each request will be evaluated individually and a determination made as to whether the request is approved, the type of parking permit to be approved and the duration of special parking.
4. Once evaluated and signed by the Director of the University Health and Wellness Center, the form may be picked up from the Wellness Center and taken to the Department of Public Safety where the actual permit will be issued.
5. Special parking will be approved only for those people with physical disabilities.
6. If a long-term permit is requested, the recommendation will be made to apply for a state issued permit.

For Hofstra University permanent parking permit:

ONLY THOSE INDIVIDUALS WHO ALREADY HAVE STATE ISSUED HANDICAPPED PARKING PERMITS WILL BE ISSUED A PERMANENT UNIVERSITY PARKING PERMIT

Procedure:
1. Complete the application form available at the Hofstra University Health and Wellness Center, located in Republic Hall on the North side of campus.
2. Bring the state permit, which was issued in your name, with the completed application, to the Wellness Center.
3. After verification with the agency that issued the state permit, the University permit will be approved for the person named. The application may be picked up at the Wellness Center and taken to the Department of Public Safety, where the actual permit will be issued.

Revised 9/01
APPLICATION FOR SPECIAL PARKING PRIVILEGES

ALL APPLICATIONS MUST BE ACCOMPANIED BY A CURRENT PHYSICIAN'S NOTE OR COPY OF A CURRENT NASSAU COUNTY ISSUED PARKING PERMIT

Name _______________________________ Date of Application ________________

Home Address __________________________ Telephone ______________________

____________________________________ Student__ Faculty__ Admin.__ Staff__

Campus Address __________________________ Telephone ______________________

Year and Make of Car ____________________ Day Session__ Evening Session__

License Number _________________________

REASON FOR REQUEST (Please indicate nature of physical disability, if relevant)

PARKING PRIVILEGE REQUESTED:

__ A. Permanent "H" decal entitling user to park in special "Assigned Disabled Parking" spaces located adjacent to buildings.

__ B. Temporary permit entitling user to use special spaces in areas designated by Security Department for a limited period of time. Expiration date for this permit MUST be indicated.

EXPIRATION DATE: ______________________

__ C. Passenger Assistance Permit. This permit allows drivers to leave their vehicles at curbs, hydrants, etc. for a period of not longer than 10 minutes so they might assist a disabled passenger to their destination on campus.

Please indicate name of passenger: ______________________

DO NOT WRITE BELOW THIS LINE

This application has been approved. Kindly issue A__, B__, C__.

Application denied__. Comments:

__________________________________________

Signature

Date

Dean of Students Office

Medical Office

FOR SECURITY DEPARTMENT USE ONLY:

After processing please return this application via intercampus mail to Health Center.

Number of "H" Decal Issued: H__