

**Hofstra Health & Wellness Center****516-463-6745**

Republic Hall, North Campus

Fax 516-463-5161

**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 permit first submit those applications to the Health and Wellness Center.

**For Hofstra University temporary special parking permits:****Procedure:**

1. Complete the application available in the Hofstra 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. Diagnosis. If the diagnosis is related to a surgical procedure, the request must include the type of surgery and the date of surgery.
  - b. Duration of medical need for special parking. TEMPORARY HANDICAPPED PARKING PERMITS ARE ONLY ISSUED FOR ONE SEMESTER AND ARE NOT RENEWABLE.
  - c. Applications are to be personally submitted to the 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 Health and Wellness Center, the form may be picked up from the Health and 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, county or town issued permit.

**For Hofstra University permanent parking permit: ONLY THOSE INDIVIDUALS WHO ALREADY HAVE A STATE, COUNTY OF TOWN ISSUED HANDICAPPED PARKING PERMIT WILL BE ISSUED A PERMANENT UNIVERSITY PARKING PERMIT****Procedure:**

1. Complete the application form available at the Health and Wellness Center.
2. Bring the state, county or town permit, issued in your name, with the completed application to the Wellness Center.
3. After verification with the agency that issued the permit, the University permit will be approved for the person named. The application may be picked up at the Health and Wellness and taken to the Department of Public Safety where the actual permit will be issued.



# Hofstra Health & Wellness Center

For Appointments Call

**516-463-6745**

Republic Hall, North Campus

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## 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

Dean of Students Office

\_\_\_\_\_  
Date

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 \_\_\_\_