UNIVERSITY OF RHODE ISLAND

TEMPORARY MEDICAL PARKING PERMIT FOR STUDENTS

STUDENT APPLICATION

Note: This permit is **NOT** valid for use in any Accessible Parking Space (Handicapped Parking). You must have a URI resident or commuter parking permit to receive a Temporary Medical Parking Permit which will allow for parking in designated faculty and staff parking lots, of which there are three (3) gated lots: Chafee/White Hall, West Alumni Avenue, and Briar Lane.

Medical documentation of disability that is current, clear and specific is required.

Name: _____ Student ID: _____
(Last) (First)

Cell Phone: _____ URI Email : _____

Home Address: _____
(No. & Street)

_____
(City, State, ZIP)

Local Address: _____
(No. & Street)

_____
(City, State, ZIP)

Nature of Illness or Injury:

_____

Reason why Kingston Connection Shuttle is not adequate for your needs:

_____

License Plate Number (required): _____
(State) (Plate Number)

URI Student Parking Permit # _____(# on decal). To obtain your decal number on-line go to: thepermitstore.com. Click on "my" and log into your account.

GUIDELINES:

1. Must be placed on the dashboard next to your University parking decal.
2. Is valid on University premises only.
3. Is for the exclusive use of the person named. It is not transferable or renewable and may be issued up to a 30-day maximum and may not be renewed, no exceptions. This allows time for application to the DMV for a disability placard.

RI students may apply for a temporary disability parking placard at:
http://www.dmv.ri.gov/documents/forms/disability/DisabilityParkingPlacard.pdf

Out-of-state students, please contact your state's department of motor vehicles for temporary parking placard instructions.

WAIVER: I certify that the above condition is temporary in nature and the statements contained herein are true. I further acknowledge that I have read and understand the conditions of the Temporary Medical Parking Permit and shall fully observe and comply with the guidelines.

_____ _____
Signature Date

SAVE AS a pdf document then email it to dss@etal.uri.edu, or fax it to (401) 874-5694. Thank you.