RESIDENT PARKING PERMIT EXEMPTION FORM

ITEM 1 – PERSONAL INFORMATION

<table>
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<tr>
<th>Name:</th>
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<tr>
<td>URI I.D. Number</td>
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<td>URI Email</td>
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<td>Phone Number</td>
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ITEM 2 – I AM REQUESTING FOR A RESIDENT PARKING PERMIT EXEMPTION: (check one)

_______ ADA State Placard/Plates
_______ Off–campus employment (minimum 20 hours) / University Obligation or Commitment
_______ Medical Approved by Disability Services for Students

ITEM 3 – DOCUMENTATION IN SUPPORT OF REQUEST: Please provide the required documents listed at the bottom of this form. Be sure to attach all supporting documentation to positively establish your case.

ITEM 4 – SIGNATURE

Your signature verifies your understanding of the Student Code of Conduct as stated in the URI Student Handbook and its relevance to the waiver request.

Signature: ___________________________ Date: ________________

Parent or Guardian Signature (If student is under the age of 18): ___________________________ Date: -

Residents who obtain a parking permit by providing falsified information, as well as students who attempt to purchase a permit for another student will have future parking privileges revoked and may face judicial action.

ITEM 5 – DECISION (Resident Parking Exemption Decision) Office Use Only

Date Exemption Received: ___________Exemption Approved _____Exemption Denied

Date Student Notified of Decision: ___________ _____ Pending Need Additional Documentation

DOCUMENTS REQUIRED:

1. **ADA State Placard/Plates** – Provide a copy of your ADA vehicle tag valid in the state in which your automobile is registered.
2. **Off-campus Employment (Minimum 20 Hours) / University Obligation or Commitment** – Internships and volunteer participation are included in definition. Provide a note from employer on relevant letterhead stating days and hours of employment.
3. **Medical** – All medical related documentation must be submitted to Disability Services for Students.

Please direct all inquiries regarding the status of your waiver to: tap@uri.edu.