

TEMPORARY MEDICAL PARKING APPLICATION

Please complete and submit this form along with medical documentation of disability that is current, clear and specific.

Name _____ Student ID # _____

Cell Phone _____ URI E-mail _____

Local Address _____

Nature of Illness or Injury: _____

Reason why Rhody Shuttle Service is not adequate for your needs:

License Plate Number: _____ State: _____

GUIDELINES

- This permit is NOT valid for use in any Accessible Parking Space (Parking marked with a wheelchair symbol).
- You must have a URI commuter parking permit to receive a Temporary Medical Parking Permit which will allow for parking in designated faculty and staff parking lots.
- Your student ID will be activated for gated faculty and staff lots for the 30 day duration of your pass.
- This pass is valid on University premises only.
- This pass 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.div.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.

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: _____

Please submit this form along with your medical documentation to dai@etal.uri.edu, or fax it to (401) 874-5694.

DEAN OF STUDENTS OFFICE