



RESIDENT STUDENT PARKING EXCEPTION REQUEST FORM

In accordance with Towson University's Parking Regulations, some Resident students are restricted from obtaining a parking permit to park a vehicle on campus. A limited number of exceptions will be considered for a student's own critical medical need (not a family member's) or for students who provide documentation that they will be taking a college course as part of the Inter Institutional Relations Program or ROTC at another university.

- Applicants are reminded of the university's transportation service, which provides shuttle access to all areas of the campus. **Exceptions will not be made for employment or convenience.**
- Original, signed request forms and documents must be submitted to Parking & Transportation Services. Copies will not be accepted.
- Submission of an application does not guarantee an exception to park on campus. Applicants should not bring a vehicle to campus unless they have been granted an exception and have purchased a permit.
- Parking & Transportation Services will determine the parking location for applicants who are granted an exception. Parking will generally be assigned at the Towson Center.
- If an exception is granted for only one semester, requests for subsequent semesters must be re-submitted with updated documentation.

STUDENT INFORMATION		
Please provide current information where you may be contacted regarding your request.		
Name:		TU ID#
Address:	Phone#.	
City:	e-mail address:	
State & Zip Code:	Current Credit Hours Earned:	
Type of Exception Being Requested:		
<input type="checkbox"/> Medical (Form on page 2)	<input type="checkbox"/> Participating in Inter Institution Relations Program (Form on page 3)	
	<input type="checkbox"/> Participating in ROTC at another location (Form on page 3)	

I understand that I am requesting an exception to have a vehicle on campus. If granted an exception, I understand and agree that if my status changes, I must immediately notify Parking & Transportation Services, return the permit (applicable refunds will be processed) and remove my vehicle from the campus. Failure to follow the established policies and procedure may result in my vehicle being cited and/or towed, my parking privileges being revoked and referral to Judicial Affairs.

I hereby give authorization to the physicians, academic staff and/or ROTC administrative staff to verify and provide relevant information associated with this request to Parking & Transportation Services officials or other Towson University officials.

Student Signature

Date

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED FOR AN EXCEPTION.

Personal Record Disclosure

The purpose of collecting this information is to enable Parking Services to effectively consider your exception request in a fair and consistent manner with other requests received. Refusal to provide information in the format requested will result in your request being denied.

Individuals are provided the right to inspect and if incorrect, amend information during normal business hours. The information provided is not made available for public inspection. Personal information will only be made available to other administrative offices at Towson University for official business or government agencies as would be required by law.

Send Original Documents To: Parking & Transportation Services, 8000 York Road, Towson, MD 21252

MEDICAL NEED – PARKING EXCEPTION REQUEST FORM

The physician must make a request for an exception on letterhead. The request letter must include the Physicians full name, address, phone and fax numbers. The following form must be completed (**using common English**), signed by the physician, and attached to the exception request letter.

THIS FORM MUST BE COMPLETED BY THE PHYSICIAN AND ATTACHED TO THE EXCEPTION REQUEST ON PHYSICIAN LETTERHEAD (Attach additional paper if necessary)	
Completing Physicians Name:	Physicians Phone #
Patient's Full Name:	
Patient's Address:	
Medical Condition: (please explain in common English the condition and impact on the patient. This information will be used to determine if an exception will be granted.)	
Length of time exception is being requested: From: _____ To: _____	
Frequency of Appointments: _____ Times per _____ Week _____ Month _____ Semester	
Reason for Exception:	
<input type="checkbox"/> Follow up Appointments <input type="checkbox"/> Therapy Appointments The University has several hospitals and a health center on campus Please explain why services cannot be provided by a local or on-campus medical facility.	
<input type="checkbox"/> Inability to walk distances The University has shuttle bus service to all locations on campus and operates an on-call Para-Transit Service with lift equipment for individuals with mobility issues. Additionally, many parking lots are further away from buildings and can be better served through the bus service. Please explain why these services cannot be used.	
<input type="checkbox"/> Other (Explain)	
Physicians Signature:	Date:

OFFICE USE ONLY		
Date Received:	Notification Date:	Method: Flex Letter E-mail Other
Reviewed By:	Decision Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Annual Permit <input type="checkbox"/> Semester Permit <input type="checkbox"/> Denied - Reason:		

INTER INSTITUTIONAL RELATIONS (IIR) OR ROTC - PARKING EXCEPTION REQUEST FORM

Resident students who are required to take a course at another institution or are participating in ROTC at another location must complete the form below and provide official documentation (course registration confirmation or letter from ROTC Commander) that indicates that you are enrolled in an IIR course or an ROTC program (applications for enrollment will not be accepted). Documentation must include the student's name and contact information for the institution or ROTC representative.

Individuals granted an exception will be eligible to purchase a permit (annual or semester) based on the documented time frame they are participating in the program.

THIS FORM MUST BE COMPLETED BY THE STUDENT AND ATTACHED TO THE OFFICIAL DOCUMENTATION FROM THE INSTITUTION OR ROTC (Attach additional paper if necessary)	
Requesting Student Name:	TU ID#
Contact Name (HR or ROTC Official):	Contact Phone #:
HR Request (Class schedule showing student enrolled must be included with this form)	
Indicate Institution:	
<input type="checkbox"/> Goucher	<input type="checkbox"/> University of Maryland, Baltimore
<input type="checkbox"/> Loyola	<input type="checkbox"/> University of Maryland, Baltimore County
<input type="checkbox"/> Morgan	<input type="checkbox"/> University of Maryland, College Park
<input type="checkbox"/> University of Baltimore (UB)	<input type="checkbox"/> University of Maryland, University College
<input type="checkbox"/> Other (Specify) _____	
ROTC Request (Official Documentation from ROTC showing acceptance in the program must be included with this form)	
Location of Program: _____	
Accepted for: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Fall and Spring Semester	

OFFICE USE ONLY			
Date Received:	Notification Date:	Method: Flex Letter E-mail Other	
Reviewed By:		Decision Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Annual Permit <input type="checkbox"/> Semester Permit			
<input type="checkbox"/> Denied - Reason: _____			