



Office of Health Services
 MacClosky Townhouse Commons
 515 Loudon Road
 Loudonville, NY 12211
 Telephone# 518-783-2554
 Fax# 518-783-2961

PARKING PERMIT REQUEST
DUE TO
MEDICAL CIRCUMSTANCES

TO BE COMPLETED BY LICENSED PHYSICIAN OR MEDICAL SPECIALIST. OFFICE STAMP REQUIRED.

Name of Student: _____ SID # _____
 E-mail address: _____ Cell Phone # _____

1. What is the student's medical condition/diagnosis? _____

2. How long has the student had this condition? _____

3. How long is this condition likely to persist?: _____

4. Describe the student's current treatment plan:

5. Please provide comment as to how the parking permit requested will meet the student's needs based on the medical condition described: _____

6. How long will the student require a parking permit? _____

Please note: If this parking permit request is to attend medical appointments, an appointment schedule should be provided. Students can utilize the medical taxi service or a Zip Car for less than 6 scheduled appointments in a month.

SIGNATURE AND OFFICE STAMP REQUIRED BY LICENSED PHYSICIAN OR MEDICAL SPECIALIST
Affix office stamp below

Signature

OFFICE USE ONLY			
Request Reviewed: Date _____	Approved _____	Denied _____	Pending _____
Duration of permit _____			
By _____			
Student Notified: Date _____	By: E-Mail _____	Letter _____	
Public Safety Notified: Date _____	By: E-Mail _____	Letter _____	

Please return this completed form to: Siena College Health Service
 MacClosky Townhouse Commons
 515 Loudon Road, Loudonville, NY 12211-1462