

MARIST

OFFICE OF ACCOMMODATIONS & ACCESSIBILITY PARKING EXEMPTION REQUEST FORM

Eligibility for accessible parking is based upon a review of current medical information and the applicant's current needs, which could be of a permanent or temporary nature. You will be notified by the Office Accommodations & Accessibility if this application is approved.

(Circle one) **PERMANENT** or **TEMPORARY:** (dates) From ___/___/___ to ___/___/___

STUDENT NAME _____ SEMESTER REQUESTED _____

STUDENT CELL # _____ STUDENT CWID # _____

ON CAMPUS RESIDENCE _____ CURRENT # OF COMPLETED CREDITS _____

STUDENT EMAIL _____

I request a parking exemption from Marist College for the following reason:

If applicable, attach appropriate signed medical documentation (on letterhead) from a licensed medical practitioner. Unsigned documentation will not be accepted. Medical documentation will be reviewed by the Marist College medical staff (if warranted) before this application is approved (Please see medical information release form). Release form must be signed by the student before the application will be processed.

Submit this form in person, by fax, email or by mail to:

Marist College
Office of Accommodations & Accessibility
3399 North Rd.
Poughkeepsie, NY 12601

Fax (845) 575-3011
Email: accommodations@marist.edu

STUDENT SIGNATURE _____ DATE _____

Do not bring your vehicle to campus until this request is approved. Unauthorized vehicles will be towed at the owner's expense and the owner will be subject to a one semester penalty for the semester after they earn 50 credits.

Parking space is limited and there is no guarantee that this request will be approved.

Any student with a parking exemption who receives a parking ticket may have the exemption revoked.

MARIST

MEDICAL INFORMATION RELEASE FORM

I, _____, give my consent for Marist College representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professional(s) to release my relevant healthcare information to the requesting Marist College representatives for the purpose of evaluating my request.

Below is a list of my health professional(s) that can be contacted:

Name:

Contact Information:

Signature: _____

Date: _____

INFORMED CONSENT FOR RELEASE OF INFORMATION

This release will remain in effect while you are a student of Marist College.

I, _____, authorize Marist College to discuss my accommodation(s) with applicable administrators, faculty and staff who have a legitimate need for the information on a limited, need-to-know basis, solely for the purpose of evaluating or implementing accommodations for my disability. I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with College policy, except as otherwise required by law.

Signature: _____

Date: _____