



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? _____

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

Signature

<u>OFFICE USE ONLY</u>			
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