



**The University of Vermont
Center for Health and Wellbeing Student Health Services
Temporary Medical Parking Permit Request Form**

Instructions:

Please fully read the Request Process & Important Information before submitting your Medical Parking Permit Request.

Request Process:

1. Student is to complete and submit Parts I and II to Student Health Services.
2. Student is also responsible for having their treating provider complete and submit Part III to Student Health Services.
3. The final Parking Waiver Recommendation (Part I) will be completed within 4 business days upon receipt of Parts I, II and III. **We will not be able to fully process a request until we receive Part III, which again, is to be completed by the student's medical provider.*
4. Once the final recommendation has been completed, the student and Transportation and Parking Services will be notified via UVM e-mail.

Important Information:

1. Receipt of an emergency temporary accessible parking permit from parking and transportation does not guarantee an accessible permit.
2. If granted a temporary on-campus permit, the student is responsible for associated fees.
3. Transportation for illness (personal, family, or friends) will not be accepted as a basis for granting a waiver.
4. Temporary parking for medical necessity will be evaluated within the parameters of Student Health Services.
5. Individuals with short term disabilities who anticipate their condition to continue for longer than 4 – 6 weeks are expected to apply through their State Department of Motor Vehicles for the appropriate disabled parking placard. Please refer to the Transportation & Parking Services web site www.uvm.edu/transportation for more information.



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Part I

To be completed by the student

Please fax (802) 656-8178, e-mail: CHWBMIF@uvm.edu, or deliver completed application to:
UVM Student Health Services, Attn: Parking Waiver Requests
425 Pearl Street, Burlington, VT 05401

Student Name (printed): _____ Date of Birth: _____

UVM 95 #: _____ Local/School Address: _____

Cell phone #: _____ E-mail: _____

I currently live: on campus off campus

I currently have a UVM parking permit: yes no

If yes: Commuter Gold, Commuter Brown, Residential or Commuter Yellow
(Please circle one)

I am requesting: temporary on-campus parking permit temporary accessible parking permit

I acknowledge that I have read & understand the guidelines for medically related parking waivers. I also understand that completing this form **does not guarantee approval.*

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: To be completed by SHS

SHS Parking Waiver Recommendation:

- Health condition warrants a temporary on-campus parking waiver.
- Health condition warrants a temporary accessible on-campus parking waiver.
- Health condition can be accommodated with existing on-campus transportation services.

Parking Permit Expiration Date: _____

Signature of Certifying Official: _____ Date: _____

Printed Name: _____ Office/Position: _____



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Part II

To be completed by student

Please fax (802) 656-8178, e-mail: CHWBMIF@uvm.edu, or deliver completed application to:
UVM Student Health Services, Attn: Parking Waiver Requests
425 Pearl Street, Burlington, VT 05401

Student Name (printed): _____ Date of Birth: _____

UVM 95 #: _____

Reason for this request (health condition): _____

Treating medical provider responsible for completing Part III:

Medical Provider's Name: _____

Practice Name: _____

Address: _____

Phone number: _____



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Part III

To be completed by the medical provider treating the student

Please fax (802) 656-8178, e-mail: CHWBMIF@uvm.edu, or deliver completed application to:
UVM Student Health Services, Attn: Parking Waiver Requests
425 Pearl Street, Burlington, VT 05401

Student Name (printed): _____ Date of Birth: _____

UVM 95 #: _____

Medical Provider's Name: _____
(Print full name and credentials)

License/Certification #: _____

Practice Name: _____

Address: _____

Phone: _____ Fax: _____

1. Patient's diagnosis: _____

2. Description of medical condition, limitations and expected duration of impairment:

"In the event an affiliated individual develops a short-term disability through injury or illness, a temporary accessible placard may be issued by the University for no more than four weeks. This four-week period should be sufficient to assist with approved minor injuries or assess further needs and process a request for access through the state." <https://www.uvm.edu/transportation/accessible-parking>

3. Is the patient expected to use any medical equipment/devices? _____

If yes, please list here and indicate the length of time it will be needed: _____

4. Please indicate the maximum distance patient is able to ambulate without endangering their health: _____

Treating Medical Provider's Signature: _____ Date: _____