



## Special Exception Parking Permit Request Form

Fairfield University's Special Accommodations Committee evaluates parking requests for students who have a qualifying physical or mental impairment that substantially limits one or more major life activities, and has a record of such impairment or is regarded as having such impairment, **or** students who are experiencing an extraordinary life circumstance which reaches the level of hardship.

The Committee authorizes **temporary parking permits** to students with appropriate documentation from a licensed healthcare/mental health care provider. (Family members are not acceptable medical providers.)

**A special accommodation to have a car on campus is granted for** (check the box that applies to your situation):

- Students with documented disabilities in which a reasonable accommodation is the need for a car
- Students with significant hardship (i.e., experiencing extraordinary life circumstances necessitating temporary use of a vehicle)

A special accommodation for a car on campus will typically not be granted for transportation to and from off-campus employment, physical or psychological health care appointments, routine/non-emergency visits to family and friends, volunteering in the community, or transportation to purchase food for special diets.

*Please note:*

- The University shuttle makes routine trips to the local community
- Metro-North Railroad's Fairfield Station is one (1) mile from campus and on the University shuttle route
- There are qualified physical and mental health treatment providers on campus and on the University shuttle route
- Hertz rental cars are available to students. For information, visit [www.hertzdemand.com](http://www.hertzdemand.com)
- Fellow students are often willing to provide rides locally
- There are a finite number of parking spaces available on campus

\*A Request for Special Exception Parking Permit will be determined within 14 business days.

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### 1. Personal Information

To be completed by the student requesting temporary parking privileges.

Please print legibly, read, and sign the statement below

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Fairfield ID #: \_\_\_\_\_ Class Year: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@student.fairfield.edu

Home Address: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

By signing and completing this form, I understand that I am requesting temporary parking privileges and further understand that my request will be reviewed by the Special Accommodations Committee. The review process may include contacting my physical/mental health provider. I agree to comply with all related policies and procedures of Fairfield University parking regulations. I understand that completing this form does not guarantee the request will be granted. I further certify that the above information is true and accurate.

Signature: \_\_\_\_\_



## 2. Certification of Applicant's Disability

To be completed by physician or the mental health care provider.

Please print legibly, read, and sign the statement below. Use additional space on back if needed.

- A. What is the physical or mental impairment (include history (first diagnosed), current problems, and severity) and rationale for accommodation of a car on campus.
- B. List any test/evaluation measures used with the dates and results of the tests/evaluation. Please attach clinical data documenting the medical or psychological problem and the nature of the impairment.
- C. Describe the treatment measures, including medication(s) and dosages that are currently being employed to treat this problem, or any assistive devices used.

Parking request duration: from \_\_\_\_\_ to \_\_\_\_\_

### Physician or Mental Health Care Provider

Last Name and Credentials: \_\_\_\_\_ First Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this document, I authorize Fairfield University to contact me to obtain further patient information if needed. I further certify that the above information is valid and truthful to the best of my knowledge.*

Signature: \_\_\_\_\_

**Please submit form to:** Fax (203) 254-5545

Attn.: Special Accommodations Evaluation Committee

Dolan Building Room 147 (next to the Health Center)

Fairfield University

1073 North Benson Road

Fairfield, CT 06824

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*For internal use only*

Special Accommodation Committee acted on this request on \_\_\_\_\_(date)

Request approved    Effective dates: \_\_\_\_\_

Request denied for the following reason:

\_\_\_ Not a reasonable accommodation for documented disability

\_\_\_ Did not rise to level of hardship

\_\_\_ Additional reasons/justification

Decisions and Appeals: Students will be advised in writing of the committee's decision. A complete description of the appeals process is set forth in the Student Handbook and students are advised to consult that section before filing an appeal. Students may appeal this decision to the Dean of Students by submitting a copy of this document and a separate written letter of appeal. Students should note that appeals may only be based on **1) a showing that there was a substantial error in the process followed by the Special Accommodations Committee, or 2) new and relevant information not reasonably available to the student at the time of the Special Accommodations Committee's decision has now become available.** The Dean of Students will either respond to the appeal in writing or convene a Resolution Committee. Decisions will be entered within 15 days following completion of the investigation.