

**STUDENT Request - Form A**

**Restricted Parking for Medical Reasons**

*Dean of Students*

*The College of William and Mary*

Office Use Only	
Date Received:	_____
Decision:	_____
Student Notified by Phone:	_____
Student Notified by Mail:	_____

Freshman and sophomore students seeking access to a personal vehicle and restricted parking for medical reasons are asking for an exception to College policy. All such exceptions must be reviewed and recommended to Parking Services by the Medical Review Committee (MRC). Petition approval is not automatic and is generally given only when a student's medical appointments cannot be accommodated by the William and Mary (or greater Williamsburg) Transit Service. *This is a two part petition.* **Form A** must be completed by the student seeking access to his/her personal vehicle. **Form B** must be completed by an appropriate medical professional who will be working with the student and who is not a member of the student's immediate family.

The Medical Review Committee, in consultation with Parking Services, reserves the right to review all documentation and recommendations from outside experts to determine eligibility and to deny any request which seems insubstantially supported, excessive, or unnecessary. Please submit the petition and all supporting medical documents at least two weeks before the vehicle will be needed. *All requests for restricted parking will be finalized by phone and in writing to the student's contact information listed below. Vehicles parked on campus prior to receiving permission through this procedure will be held to all parking rules and regulations.*

Students must **renew** their request for restricted parking and provide evidence of on-going need **each semester**.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

College Address: \_\_\_\_\_ CS Box: \_\_\_\_\_

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

\_\_\_\_\_ Alt Phone: \_\_\_\_\_

ID #: 9 3 \_\_\_\_\_ Social Classification (Circle One): FR SO Email: \_\_\_\_\_

Name and professional address of medical professional who will be supporting your petition:

\_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Nature of Treatment/Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Frequency of Visits: \_\_\_\_\_

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

Please forward completed **Forms A & B** for review by the Medical Review Committee to the Dean of Students Office, 109 Campus Center, P.O. Box 8795, College of William and Mary, Williamsburg, VA 23187. You may also fax them to 757-221-2538. Questions may be addressed by calling 757-221-2510.