

Family Care Parking Exception Documentation

Student Name _____ TU ID # _____

The physician or healthcare provider must complete this “exception” form along with a request on letterhead with required information. The exception letter must include the physician’s full name, business address, phone and fax number. Please allow up to 10 business days for the review and decision.

Students must have the following information completed and submit the forms as indicated below:

- ◇ Parking Exception Request form » Submit online through eParking.
- ◇ Family Care Provider Parking Exception documentation » Hand deliver or email to TU Health Center (healthcenter@towson.edu) **Do not send this form to Parking & Transportation Services.**
- ◇ Physician’s business card or letterhead with contact information » Hand deliver or email to TU Health Center (healthcenter@towson.edu).
- ◇ Formal letter of request to the TU Health Center to include information on the type of care being provided, frequency and the expected duration that care will be required. **Do not send this form to Parking & Transportation Services.**

The TU Health Center will notify Parking & Transportation Services if the exception has been granted. In return, Parking & Transportation Services, will notify the student.

The above-named student is responsible to complete the following section with details of when and where they must provide care for a parent, sibling or grandparent with a serious illness.

Student Documentation for Health Center		
What is the patient’s relationship to student? Select one of the following: Parent ___ Sibling ___ Grandparent ___	What is the city student must travel to/ from when providing care for family member?	What is the phone number of the person requiring care?
Provide a brief explanation of the type, frequency and expected time frame of care that will be required:		
Did the student provide care to the patient prior to this requested parking exception? Yes ___ No ___ If no, please explain why the student is now providing care:		
What is the length of time the “exception” is being requested? From: _____ To: _____ In your estimation, what will be the numerical frequency of care for the patient? ___ times per week ___ month ___ or ___ semester ___ <i>Request must be renewed each fall semester or if time extends beyond original request.</i>		
Student Signature:	Date:	

Physician Documentation Family Care Parking Exception

Student Name _____ TU ID # _____

The physician of the individual requiring assistance should complete this section for explanation as to when the student must provide care for the family member with a serious illness. ***The information below will be utilized to determine if the student will be allowed to purchase a parking permit and have a vehicle on campus.***

Must be completed by the student's physician

Physician's name:	Physician's phone number:	Physician's fax number:
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Name of patient (family member) being cared for by student:

Full address of patient (family member) where student will provide care:

Family member's relationship to caregiver: Parent ___ Grandparent ___ Sibling ___

What is the length of time the "exception" is being requested? From: _____ To: _____ <i>Request must be renewed each fall semester.</i>	Estimated numerical frequency of appointments: ___times per: week___ month___ semester___
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Reason for Exception

Briefly explain the type of care needed:

Briefly explain why it is necessary for the student to provide care :

Physician Signature: _____ Date: _____	<p>TU Health Center Office Use Only</p> Date Received _____ Meeting Date: _____ Reviewed by _____ Decision Date: _____ Approved for : Annual Permit _____ Short term permit from _____ to _____ Denied permit _____ Reason for Denial: _____ _____
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