Office of Disability Services
330 Powell Avenue, Newburgh, New York 12550 • www.msmc.edu

Director of Disability Services, Alisha McCorvey

Accommodations Coordinator, Maggie McCarthy

## **Medical Parking Application Form for Residential Freshman**

## **HEALTHCARE PROVIDER'S STATEMENT**

Dear Health Care Provider:

Residential freshmen are not permitted to bring a car to campus. However, freshmen who demonstrate a compelling need for personal transportation to attend frequent, scheduled medical or psychological appointments may qualify for an exception to this policy. Appointments must be scheduled at least weekly and NOT on an "as needed" basis.

Student's name:		Date	of Birth:	
Last	First			
1. Diagnosis:				
2. Is this a permanent or temporary	disorder?			
3. How often is this patient scheduled to b	e seen in your office? x w	eek for weeks.		
4. What is the purpose of these visits:				
5. What is the date of this patient's next a	ppointment:			
5. If mobility is limited, does this patient a			_	
No Yes, if yes, please e				
7. Additional Information to support this r	equest:			
Health Care Provider Name:		Phor	Phone:	
Email:		Fax:		
License#:		State	e of Practice:	
Address:				
Street	City	State	Zip Code	
Signature:		Date	:	
Staff Use only:				
O Approved O Denied				
o ripproved o Deffied				