SPECIAL PARKING PERMIT APPLICATION

		owing and attac ructions on the		equired documenta <u>of this form</u> .	ation.
Name	Date of Request				
Student ID #	Date of Birth				
Campus Address	ESU email				
Home Address					
	Street			City, State	Zip Code
Home Phone #	Phone #Cell Phone #				
Credits Completed	<u>Credits</u> in (*this se		_Acad	emic Major	
Semester	Request:	Fall		Spring	
Explain in DETAIL why	ı it is necessar	ry for you to hav	e a mo	tor vehicle on carr	ipus:
*****	****	****	******	****	****
Committee Recommen	dation:	Approved		Denied	
				_	
Signature				_Date	
Special Conditions/Stip	oulations				
Period of Approval					

INSTRUCTIONS

Students applying for a Special Parking Permit *may not* bring a vehicle to campus until having applied for and been approved for such permit.

On-Campus students who have **completed** thirty (30) credits, or are of 21 years of age, or have veteran status automatically receive parking privileges.

Students applying for Special Permission parking permit **may not** purchase a resident permit through the MyESU Portal. Doing so is considered a fraudulent purchase and is therefore non-refundable. Once approved for a Special Permission parking permit, students will be emailed the necessary forms to submit by email to the Parking Office for issuance of the permit and also authorizing the permit fee to be placed on their student account.

Special permission to register a motor vehicle may be granted to students who do not meet the specified criteria for vehicle registration but have mitigating circumstances that warrant special consideration. Special permission <u>may</u> be granted for the reasons listed below. However, it is **not** automatic even if part of a condition is met.

The Parking Appeals Committee that meets on a regularly scheduled basis will review all requests. All requests must be accompanied by the appropriate documentation listed below:

- 1. <u>Medical</u>. This requires a physician's statement on his/her stationery detailing the student's medical condition that cannot be treated locally. The physician's statement must include the frequency and duration of treatment, dated and signed.
- 2. <u>Financial/Employment</u>. Verification through the University's Financial Aid Office will determine whether or not the student has an <u>unmet financial need</u>, a requirement to obtain a Special Parking Permit. If you have not applied for financial aid, this cannot be assessed. In addition, a dated and signed statement on the employer's letterhead or a **notarized** note certifying the nature of the position and the requested time period is required.
- 3. <u>Academic-Related</u>. This requires a statement from the student's professor, department chairperson or academic advisor attesting to the academic-related activity and its significance in benefiting his/her academic curriculum (e.g., internship, pre- student teaching, observations, off-campus classes, etc.).

Due to the limited number of parking spaces available, employment to supplement income for educational purposes WILL NOT be considered an extenuating circumstance unless there exists verifiable need as defined by the University's Financial Aid Office.

Special Parking will only be granted for the Mary or Gwendolyn Street Lots, Upper University Ridge or the ESU Innovation Center. Abuse of the Special Parking Permit may result in the loss of the parking privilege in addition to parking fines.

PLEASE SCAN THIS COMPLETED FORM ALONG WITH ALL REQUIRED SUPPORTING DOCUMENTATION IN ONE EMAIL TO:

janthony8@esu.edu

Manager of Parking, Transportation, and Security Services East Stroudsburg University 161 Smith Street, Suite 100 East Stroudsburg, Pa 18301 570.422.3127