



# Application for Temporary Accessible Parking – Physician Certification

Your patient, \_\_\_\_\_, has applied for accessible parking at Seton Hall University due to a temporary, disabling condition. Disability Support Services and Parking Services at Seton Hall University will review this document when determining if this request can be granted.

Diagnosis:

\_\_\_\_\_

Description of temporary, disabling condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date of Accessible Parking Request: \_\_\_\_\_

End Date of Accessible Parking Request: \_\_\_\_\_

Physician Comments:

\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_

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

\_\_\_\_\_

Physician Office Phone: \_\_\_\_\_

Physician Fax Number: \_\_\_\_\_

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## Certification of Temporary Disability

I certify that my patient, \_\_\_\_\_, will need temporary accessible parking for the above identified duration of time.

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

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

Physician License Number: \_\_\_\_\_

Please return this form to your patient

- or -

Mail, fax, or email to Disability Support Services (DSS) at Seton Hall University

400 South Orange Ave  
Duffy Hall, Room 67  
South Orange, NJ 07079

Phone: (973) 313-6003  
Fax: (973) 761-9185  
Email: DSS@shu.edu