

Family Care Parking Exception Documentation

./ (. -##(), & , ,)O# , /-.) &. . # .#J(), &(1 # , / -.)(&... , 1#, /#, #(), .#)(.#)(&..., /-.#(& . -##(-/8%(/-#(-- , --)(((/ , & - & 1 / .) /-#(-- -), . , 0#1 (##)(./ (.- /-. 0 .) & 1 # (#), .#)() & . (-/ # .), - - # (# . &1 , #(.#)(/ -.), / #)(&(. ,)/ , #(#& , ,)0# , , #(.#)() / (..#)((& 0,), #&) & (., & (., .)1 -)(/ Do not send this form to Parking & Transportation Services. -##(-/-#(--,),&.., 1#)(...#(),..#)((&#O,), & (., & (., .)1-)(/ , / ((. . . /, .#)(. . , 1 #& , /# Do not send this form to Parking & Transportation Services & (.,1 #&().# , #(,(-),..#)(,0# -#. .#)(- (,(. (, ./,(, #(, (-),..#)(,0# -1 #8%().# . -./ (.

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			
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Physican Documentation Family Care Parking Exception

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.

the student will be allowed to purchase a parking permit and have a vehicle on campus.			
Must be completed by the student's physician			
Reason for Exception			
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