



Parking Services
Parking Policy Exception Request

Student Name: _____ TCNJ PAWS ID#: _____

Daytime Phone #: _____ TCNJ Email: _____

Please provide a brief explanation below of why you are requesting an exception to the parking policy. (You may attach a letter of explanation if necessary.)

Note: You must provide all documentation requested under your appeal category.

Job Related Appeal: NO EXCEPTIONS MADE

Academic Appeal:

- Provide a letter on letterhead from your academic advisor stating that you need to attend off-campus classes and/or a credit earning internship related to your major in areas not served by public transportation.

Other Appeal:

- All relevant letters or documentation to support your appeal.

Family Emergency Appeal:

- Provide a letter from an immediate family member of the sick/disabled party stating that you are the only relative who is available to provide family care.
Provide a letter on letterhead from the sick/disabled family member's medical care provider (doctor/hospital) stating that you (the student) are the primary care provider for the sick/disabled aforementioned person.

Signature: _____ Date: _____

Exceptions (FOR OFFICE USE ONLY):
On-campus parking has been approved from the above named student from: _____ to _____
Closer parking to residence/classes approved for Lot(s) _____
Request Denied _____