

PARKING POLICY for FIRST YEAR RESIDENT STUDENTS

In September 2001, the Parking Policy for First Year Resident Students went into effect. The policy **ONLY** affords parking privileges to resident students who are Sophomores, Juniors and Seniors.

The only parking exceptions to this policy, which prohibits parking for First Year Resident Students, are the following:

1. Students who do not live in a campus residence and require transportation.
2. Students able to demonstrate physical disabilities requiring the use of an automobile as a “reasonable accommodation” under the Americans with Disabilities Act.

No exceptions will be made for off campus employment, personal travel, or any other reasons not directly related to the students’ course of study.

An Appeals Board, which consists of Assumption College staff, and is chaired by the Director of Public Safety, will hear requests for exceptions not covered by the above policy, but will be instructed to adhere rigorously to the intent of the policy.

Scroll down to print the application for:
Application for Exception to First Year Resident Parking Policy

Physician Referral Form

I grant permission to my personal physician to release my medical information concerning my disability as defined by the American with Disabilities Act. I understand that this information will be only used for this application. My signature below indicates my waiver of right to privacy to "Protected Health Information" for Assumption College to include this information with the First Year Resident Parking Exception Application.

Print Student's Name: _____ Student's Signature: _____

College ID #: _____ Date of Birth: _____

To: Physician

From: Department of Public Safety, Assumption College

The above student has requested Assumption College to allow him/her an exception to the Freshman Resident Parking Policy due to a current disability he/she suffers under the Americans with Disabilities Act (ADA). While the law is clear that students can request exceptions under ADA, the law is equally clear that colleges can request specific documentation by a medical expert in the field that details the disability and provides a clear and convincing rationale for the requested exception.

The Department of Public Safety, prior to the date needed, must receive all documentation and supporting materials. This allows the Assumption Health Services Staff and the Director of Public Safety or his/her designee to review the medical diagnosis and accommodations and make the appropriate determination.

Thank you for your assistance and attention to this matter. You may append additional information to this form, if needed.

- 1) What is the medical diagnosis of the health condition from which this student is receiving treatment from you, and how long has your patient had this condition?

- 2) When was the last time you provided treatment for this condition?

- 3) How long have you been treating this individual for this specific condition?

- 4) Please identify and explain special needs requiring a motor vehicle on campus for this individual that are directly related to this student's disability.

- 5) If the individual's medical condition has worsened over the past year, please identify any exacerbating factors that might have led to the present situation?

- 6) Is the student's medical condition considered a disability that substantially limits a major life activity under the Americans with Disabilities Act? If "yes" please explain?

- 7) What medications, if any, have been prescribed to this student?

- 8) Please explain any other concerns that should be taken into consideration in determining whether or not to allow this student an exception to the Freshman Resident Parking Policy.

- 9) If the College is not able, or if it is not practical to provide this student with the requested exception, is there an alternate accommodation that may help to remedy the situation?

In the event that we need to communicate further with you about this student and his/her disability, please provide us with the following information:

Print physician's name: _____

Board Certified in the following specialties: _____

Address: _____

Phone number: _____ Fax number: _____

Physician's signature: _____

**Please return to:
Assumption College Department of Public Safety 500 Salisbury Street Worcester, Mass. 01609 or fax to # 508-767-7281**