

UNIVERSITY OF RHODE ISLAND
TEMPORARY MEDICAL PARKING PERMIT FOR STUDENTS

STUDENT APPLICATION

NOTE: This permit is NOT valid for use in any Accessible Parking Space
(Handicapped parking)

Name: _____
(Last) (First) (Student ID#)

Home Address: _____
(No. & Street)

(City, State, Zip)

Home Phone: _____

School Address: _____

School Phone/Cell: _____

Nature of Illness or Injury _____

License Plate Number (required): _____
(State) (Plate #)

Student Parking Permit # _____
(Go to uri.edu/parking, then click on vehicle registration, on line application, my
(To obtain permit#)

GUIDELINES

1. This Temporary Parking Permit must be affixed next to your University parking permit.
2. Please note that this permit is valid only on University Premises.
3. This permit is for the exclusive use of the person named. It is not transferable or renewable and may be issued **up to 30 Days only.**

WAIVER

I certify that the above condition is temporary in nature and the statements contained herein are true. I further acknowledge that I have read and understand the conditions of the Medical Parking Permit and shall fully observe and comply with the guidelines.

Signature

Date