

First-Year Restricted Parking Exception Request Petition

Date://	Name of Student:				
Net ID:	Cell Phone Number:				
E-Mail Address:					
First-year students are n standing regulation applie to this policy are considere Emergency, Family or Med	s to motorcycles and moto ed on a case-by-case basis	orbikes as well and is str	ictly enfo	rced. E	xceptions
Period exception requeste	ed:				
This petition is considering instructions as indicated.	red confidential. Please	check your exception	n below	and fo	ollow the
Emergency: On a to a vehicle and parking o	separate sheet please deson n campus for the period re	•	mergenc	y requir	es access
Family: On a sepa a vehicle and parking on c	rate sheet please describe ampus for the period requ	•	ly issue r	equires	access to
Medical: Please establish why the medical requested.	provide medical docume condition requires access				
I, (print name) provided by me in this res that, if the exception is go only designated areas.	tricted parking exception	petition and attachmer	nts is true	and co	rrect and
Student Signature:		[Date:	/	/

Return this form and supporting documentation to:
Dartmouth Transportation Services Director
6 Vox Lane, McKenzie Hall
Hanover, NH 03755
Transportation.Services@Dartmouth.edu
(603) 646-2340