



101 Vera King Farris Drive | Galloway NJ 08205-9441  
[stockton.edu](http://stockton.edu)

Human Resources  
P: 609.652.4384 • F: 609.626.5573

## **CAMPUS POLICE**

### **MEMORANDUM**

**TO:** All Employees, Faculty and Staff

**FROM:** Campus Police

**SUBJECT:** Temporary Handicapped Parking Permit

All requests for temporary parking permits for use of the designated handicapped areas must be forwarded to Bart Musitano, Benefits Manager. A Physician's diagnosis/recommendation must be attached to the application. If the request is approved the application will then be forwarded to the Campus Police by Human Resources.

The Campus Police can only issue a temporary parking permit for thirty (30) days. For a permanent handicapped permit, the applicant must apply to their local municipality.

An application for a Temporary Parking Permit for designated handicapped area is attached.



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**CAMPUS POLICE**  
**MEMORANDUM**

**TO:** Bart Musitano, Benefits Manager

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBJECT:** Faculty and Staff Request for Temporary Handicapped Parking Permit

I, \_\_\_\_\_ am requesting a Handicapped Parking Permit. Justification for this request is as follows:

Days of Week (check all appropriate): M    T    W    TH    F    S    S

Hours of Parking Requested: \_\_\_\_\_

Year/Make/Model/Color of Vehicle \_\_\_\_\_

License Plate Number: State \_\_\_\_\_ # \_\_\_\_\_

Attached is my Physician's diagnosis recommendation. Thank you for your consideration in this matter.

Signature: \_\_\_\_\_

**APPROVED:**

Signature \_\_\_\_\_

Date \_\_\_\_\_