

Hpkg Term: Fall Spring Year: 20_____

DISABILITY PARKING REQUEST

(Disability Parking Placard I.D. required)

- Persons with official placard I.D. cards should complete this form each semester.
- This completed request form should be taken to the Cashier at the Business Office and will be forwarded to Student ACCESS for their records.
- Present the required documents & parking permit payment to the Cashier at the Business Office when purchasing your permit: (1) your official disability parking placard I.D. card, (2) paid fee slip for upcoming semester, (3) car registration, (4) safety check, & (5) proof of car insurance.
- To obtain floor to floor elevator access to Bldg 7 - please inform Student ACCESS.
- Upon parking placard renewal, please update new placard information with Student ACCESS.
- If you have any questions or need further assistance, please stop by Student ACCESS at Building 7, Room 302, call 844-2392 (Voice/Text,) or email accesshcc-L@lists.hawaii.edu

(Please Print Clearly)

Please check appropriate box: ___HCC Student ___Apprenticeship ___ Other: _____

_____ Today's Date

_____ School I.D. Number _____ Date of Birth _____ Major

_____ Last Name _____ First Name _____ M.I.

_____ Mailing Address _____ City, HI _____, Zip Code

_____ Phone (please circle: home/work/cell) _____ Email address

Parking Placard issued by the: State of Hawai'i -or- State of _____

_____ Disability Parking Permit Number _____ Expires: Month _____ Year

Do you need assistance in emergency evacuation situations: _____ No _____ Yes
If yes, please complete:

Meeting Days & Times	Location	Class	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Office to route to Student ACCESS in routing envelope. Thank You!

~~~~~Student ACCESS Only~~~~~  
rec'd: \_\_\_\_\_