

Hpkg Term: Fall Spring Year: 200_____

HCC DISABILITY PARKING REQUEST (Disability Parking Placard I.D. required)

- Persons with an official placard I.D. cards should complete this form each semester.
- Persons without an official disability-parking placard should obtain a Verification Form for Parking/Elevator & have their M.D. complete it. Completed form should be returned to the HCC Health Office for approval.
- This completed request form should be taken to the Cashier at the Business Office and will be forwarded to the Health Office 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.
- Please inform the Health Office if you need elevator access to Bldg 7 and 27. Upon parking placard renewal, please update new placard information.
- If you have any questions, please stop by the Health Office at Building 2, Room 108A or call 845-9282 (Voice/Text). Thank you!

-----After completing form, please fold bottom of page up to this line-----

(Please Print Clearly)

_____/_____/_____
 Today's Date

 School I.D. Number or Birthdate

____HCC Student ____ETC Student

 Last Name

 First Name

 M.I.

 Mailing Address

_____, HI _____
 City Zip code

 Phone (please circle: home/work/cell)

 Email address @

Parking Placard issued by the State of _____

 Person with a Disability Parking Permit #: Expires: Month Year

If you will need other types of assistance, please contact the HCC Health Office at 845-9282 (Voice/Text) or the College Skills Center at 845-9272 (Voice/Text) as soon as possible.

Business Office to route to the Health Office in envelope. Thank You!