



**CARROLL UNIVERSITY**  
**DEPARTMENT OF PUBLIC SAFETY**  
**(262) 524-7300**

Date: \_\_\_\_\_

**MAILING ADDRESS:** 100 N. East Ave. | Waukesha, WI 53189

**DROP OFF ADDRESS:** 208 Wright St. | Waukesha WI 53189

## FIRST-YEAR RESIDENT PARKING WAIVER

Any first-year resident (including transfers) that wishes to be considered for an ON-CAMPUS parking permit for medical reasons, must complete this form and return it to the Department of Public Safety for review.

Once your waiver has been received and reviewed, the decision will be emailed to your Carroll email address you provide below.

Waivers **will not** be considered for reasons such as "Driving to off campus appointments", "Caring for a family member", "Working off campus", etc. If your reason for having a vehicle is for something other than medical, please refer to the City of Waukesha Municipal Parking at [www.waukesha-wi.gov](http://www.waukesha-wi.gov), for information on how to purchase a permit for nearby city parking lots. City lot # 8 is adjacent to our Carroll Campus with shuttle service available.

If you currently have a state issued disabled permit, you will automatically be granted an exception. All documentation related to your request, including a copy of your disabled permit should be provided.

Student information:

Last Name		First Name	Student ID Number
Resident Hall	Room #	Carroll Email	Cell Phone #

Reason for waiver request:      Medical ☐      Other ☐      *(Please provide details in box below)*

Vehicle you will bring to campus:

Make	Model	Color
Plate #	State	Year

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

Date: \_\_\_\_\_

**Your completed application can be mailed or dropped off at the address at the top of this form or emailed to Candi Barber at [cbarber@carrollu.edu](mailto:cbarber@carrollu.edu)**

**OFFICE USE ONLY:**

Approved ☐      Referred to city lots ☐      Emailed decision    date: \_\_\_\_\_