



**Application for Medical Need Parking Permit  
Duluth Campus**

**Health Care Provider Form**

Dear Health Care Provider:

Your patient is applying for a Medical Need Parking Permit (MNPP) for the campus of The College of St. Scholastica (CSS). A MNPP is a *temporary* parking permit for CSS faculty, staff or students who have a need for access to reserved parking due to a short term medical condition not covered under State Handicap Parking rules. A MNPP is valid **ONLY** on the CSS Duluth campus in designated Medical Need Parking spots and does not authorize parking in restricted State Handicap Parking spots. This is **NOT** intended to replace the Minnesota Handicap Parking designation. Individuals who meet the criteria for a State-issued Handicap Parking Permit should be advised to procure the proper form and follow that application process.

Campus parking areas are often located far from the buildings to which faculty, staff, and students need access, and can involve ascending or descending numerous stairs or negotiating slippery areas in the winter. State Handicap Parking rules do not consider environmental conditions in making judgments of eligibility for such permits. Individuals who do not meet the requirements to be provided a State Handicap Parking Permit may be able to utilize these MNPP spots to assist their movement on campus. We occasionally have people with medical conditions on our campus who cannot safely navigate through our challenging environment. Conditions that would make a person eligible for a CSS MNPP include but are not limited to: short-term physical rehabilitation, e.g., from surgery, injury, or chronic health condition; casts, crutches, or splints; pregnancy; and time-limited respiratory conditions, e.g., pneumonia or bronchitis.

**Certification of Medical Need**

This is to certify that \_\_\_\_\_ is a person with a temporary medical condition that limits or impairs his/her ability to walk or places him/her at risk for falls.

I recommend a CSS Medical Need Parking Permit be issued for a period of:

1 Week     2 Weeks     4 Weeks     6 Weeks     8 Weeks     10 Weeks

Other \_\_\_\_\_

Effective starting date: \_\_\_\_\_

Health Care Provider Name & Credentials: \_\_\_\_\_

License/Certification #: \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Health Care Provider Signature & Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Return this completed Health Care Provider form to:**

Michael Turner, Safety and Security Manager  
The College of St. Scholastica, Tower 2624  
1200 Kenwood Ave • Duluth, MN 55811  
[MTurner@css.edu](mailto:MTurner@css.edu) • Phone (218) 723-6387 Fax (218) 723-6447



**Application for Medical Need Parking Permit  
Duluth Campus**

**Applicant Form**

A Medical Need Parking Permit (MNPP) is a *temporary* parking permit for areas in which CSS faculty, staff or students are not normally eligible to park, but who have a need for access to reserved parking due to a short-term medical condition not covered under State Handicap Parking rules. Conditions that would make a person eligible for a CSS Medical Need Parking Permit include, but are not limited to: short-term physical rehabilitation, e.g., from surgery, injury, or chronic health condition; casts, crutches, or splints; pregnancy; and time-limited respiratory conditions, e.g., pneumonia or bronchitis.

I understand that parking in a college-designated Medical Need Parking space is on a first-come, first-served basis and does not guarantee me a Medical Need Parking reserved space.

I also understand that any falsification of information on this form or on my parking permit application will result in termination of my MNPP.

I also understand that any forging or alteration of the Medical Need Parking Permit will result in the towing of my vehicle at my expense and confiscation of the forged/altered permit.

I also understand that I must have a current CSS Parking Permit for me to apply for a MNPP.

**This permit does not allow me to park in State Handicap Parking spots on or off campus.**

Applicant Name: \_\_\_\_\_

Student/Faculty/Staff ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Vehicle Make/Model/Year/License: \_\_\_\_\_

Applicant Signature & Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

We must also receive a completed MNPP Medical Need Certification Form from your healthcare provider before we can issue you a MNPP.

You will receive the permit in the mail at the address provided above once all forms are completed and approved.

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Michael Turner, Safety and Security Manager

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