CAR PARKING APPLICATION

In line with University policy, parking permits will only be issued to those who have a legitimate reason for having a car in Cambridge which means you must meet at least one of the following criteria:

1. An attested medical condition which means you have difficulty cycling or walking
2. Working in one of the more distant parts of the University e.g. West Suffolk Hospital, Babraham Institute
3. A clinical veterinary or medical student who has to work 'shifts' at the veterinary school or Addenbrookes Hospital
4. Other compassionate grounds

These criteria will be strictly adhered to. If you do not meet at least one of them you will not be granted a permit. Please complete section A and return the form to the Academic Office.

SECTION A
Name: ........................................................................................................................................

Address in Cambridge:
(please put room number if living in College)

I wish to apply for a Car Parking Permit under the following criteria (please tick as appropriate and provide more detailed information below):

1. Medical grounds
2. Working on a University site outside Cambridge
3. Clinical student
4. Other compassionate grounds

Further Information:

Type of car: ................................................................. Registration no: .................................................................

Course you are registered for at Cambridge: ..............................................................................................

Name of your Tutor: .................................................................................................................................

Signed: .......................................................................................................................... Date: .................................................................

SECTION B
Tutor’s Comments: (continue overleaf if necessary)

To The Head Porter

The above applicant has/has not been granted a permit

Signed: .................................................................Senior Tutor