



POINT LOMA
NAZARENE UNIVERSITY

Dear Health Provider,

Your patient, _____, will be or is currently attending Point Loma Nazarene University as a freshman. Because of our limited parking facilities and our desire to encourage first-year students to focus on academics, we have a policy prohibiting freshmen from keeping their cars on campus. However, we are aware that there are valid medical reasons that certain students need cars, such as regular weekly appointments for counseling, lab work, physical therapy, or orthodontia. We cannot accept fitness center therapy, occasional appointments, or family responsibilities as valid reasons to be granted a parking pass. (Public transportation is available in our area.)

This form will remain confidential.

- This individual must see a medical provider on a **weekly basis**.
Please specify the medical condition: _____

- This individual must have counseling appointments on a **weekly basis**.
Please specify the mental health diagnosis: _____

If there are other physical or psychological considerations that you feel we should be aware of, please describe below.

Health Provider Information

Name _____

Address _____

Phone Number _____ Date _____

Health Provider Signature _____

Upon approval of a waiver for freshmen car the student will be required to bring documentation of visit to provider on a biweekly basis. Student may bring receipt of visit, note on prescription pad, etc., as proof of visit to the front desk of the Wellness Center. If documentation is not received the waiver will be revoked and registration tags removed.