



**William Paterson University of New Jersey**  
**REQUEST FOR ACCESSIBILITY ACCESS**

Name: \_\_\_\_\_ Banner # \_\_\_\_\_  
          PRINT LAST NAME                      FIRST NAME                      MI

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Handicap Placard/Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Access is requested for the following restricted locations:

- Lot #2, Lot #3, Lot #8 Faculty/Staff Lots – STUDENTS ONLY
- Lot #5 (Residence Hall access)
- Lot #7 (Access Road to Ben Shahn/Science Complex)
- Speert Hall Elevator (Wayne Dining Room)
- University Hall Gate (Access to Univ Hall, Gym, Raubinger)

By signing below, I acknowledge that I have been granted ID card access to the restricted locations for access to disabled parking spaces and/or elevator. I understand that I am responsible for my ID card and its safe keeping. I will not lend this card to anyone for access, nor will I open the gates for any other vehicle to gain entry to the restricted areas. I understand that if I violate this agreement, my card will be de-activated, ceasing my access to the area.

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

Witness: \_\_\_\_\_

Technology Services Office use only

Date card activated: _____	Expiration Date: _____
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