CONFIDENTIAL

HONOLULU COMMUNITY COLLEGE
Student ACCESS
Bldg. 5 Room 107B

Hpkg
Term: Fall Spring
Year: 20_____

DISABILITY PARKING REQUEST
(Disability Parking Placard I.D. required)

- Persons with official placard I.D. cards should complete this form each semester.
- This completed request form should be taken to the Cashier at the Business Office and will be forwarded to Student ACCESS for their records.
- Present the required documents & parking permit payment to the Cashier at the Business Office when purchasing your permit: (1) your official disability parking placard I.D. card, (2) paid fee slip for upcoming semester, (3) car registration, (4) safety check, & (5) proof of car insurance.
- To obtain floor to floor elevator access to Bldg 7 - please inform Student ACCESS.
- Upon parking placard renewal, please update new placard information with Student ACCESS.
- If you have any questions or need further assistance, please stop by Student ACCESS at Building 5, Room 4107B, call 844-2392 (Voice/Text,) or email accesshcc-L@lists.hawaii.edu

(Please Print Clearly)

Please check appropriate box:
___HCC Student ____Apprenticeship
____ Other: _____

_____
Today's Date

_____ _____ _____
School I.D. Number Date of Birth Major

_____ _____ ____
Last Name First Name M.I.

_____ _____, HI _____
Mailing Address City Zip Code

_____ _____
Phone (please circle: home/work/cell) Email address

Parking Placard issued by the: □ State of Hawai'i -or- □ State of _____

_____ _____ _____
Disability Parking Permit Number Expires: Month Year

Do you need assistance in emergency evacuation situations: ____ No ____ Yes
If yes, please complete:

Meeting Days & Times	Location	Class	Instructor

Business Office to route to Student ACCESS in routing envelope. Thank You!

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~Student ACCESS Only~~~~~~~~~~~~~~~~~~~~~~~~

rec'd: _____
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