

Administrative Support Services STUDENT PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____

Home Address: _____ School Name: _____

City, State Zip Code: _____ Email Address: _____

Home Phone: _____ Mobile Phone: _____

Category: ☐ Graduate Student ☐ MPH Student ☐ SODM 2nd, 3rd or 4th Year
 (check applicable) ☐ Non-UConn Student ☐ SODM 1st Year ☐ SOM 2nd, 3rd or 4th Year
☐ UConn Student ☐ SOM 1st Year ☐ Other _____

I do not park on campus and decline a parking permit. I understand that I must obtain a permit to park on campus.

Reason: _____

Please clarify how you will be traveling to and from campus if you are declining a parking permit.

VEHICLE/MOTORCYCLE REGISTRATION INFORMATION

Handicap Permit #: _____

	License Plate #	State	Make	Model	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PAYMENT INFORMATION

Payment Type: ☐ Cash ☐ Check ☐ Credit Card ☐ Payroll Deduction ☐ Transfer Voucher
 (check one) (For Grad Assistants Only)

IMPORTANT: If you no longer require parking you must return your permit to our office.

PAYROLL DEDUCTION FOR GRADUATE ASSISTANTS ONLY

(Check One) ☐ I hereby authorize UConn Health to deduct the cost of my parking permit from my paycheck through payroll deduction. The current parking fee is \$ _____ per pay period. I understand and agree that the parking fee may be adjusted from time to time, and I authorize UConn Health to deduct the applicable parking fee in effect at the time of each payroll deduction. This authorization will remain in effect until I revoke it in writing or until my parking privileges end, whichever occurs first.

☐ I hereby authorize the State Comptroller to cancel my current payroll deduction.

SIGNATURE

Name (Please Print) Signature (Original Signature) Date

FOR OFFICE USE ONLY

Permit Issue Date:	Amount(s)	Payment Type: (check one per payment)				
Permit Cancel Date:	Paid:	Cash	Check	CC	PD	TV
Permit Type/Permit #:	\$ _____					
Parking Signature/Date:	\$ _____					

Pay to the order of: UConn Health
 Administrative Support Services
 263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230 Phone: 860-679-4248; Fax: 860-679-0194

Email: parking.transportation@uchc.edu
 Website: <https://www.uconnhealth.org/parking>

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