

**EMERITUS/REHIRED RETIREE PARKING PERMIT REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City, State Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Category: ☐ Emeritus  
(check applicable) ☐ Rehired Retiree

Home Phone: \_\_\_\_\_ I do not park on campus and decline a parking permit.  
I understand that I must obtain a parking permit to park on campus.

**VEHICLE/MOTORCYCLE REGISTRATION INFORMATION**

Permit Type: (check one) ☐ **AREA 1** ☐ **AREA 3** Handicap Permit #: \_\_\_\_\_

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

**PAYMENT INFORMATION**

Payment Type: (check one) ☐ Cash ☐ Check ☐ Credit Card

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

**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
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](mailto:parking.transportation@uchc.edu); Website: <http://www.health.uconn.edu/park>  
An Equal Opportunity Employer