

RESIDENT/FELLOW PARKING PERMIT REQUEST FORM

Last Name:	_____	First Name:	_____
Home Address:	_____	Department:	_____
City, State Zip Code:	_____	Email Address:	_____
Mobile Phone:	_____	Category:	<input type="checkbox"/> SODM Fellow
Home Phone:	_____	(check applicable)	<input type="checkbox"/> SOM Fellow
Employer:	_____		<input type="checkbox"/> SODM Resident
			<input type="checkbox"/> SOM Resident
			<input type="checkbox"/> Visiting Resident
			<input type="checkbox"/> Other _____

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

VEHICLE/MOTORCYCLE REGISTRATION INFORMATION

Handicap Permit #: _____

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

PAYMENT INFORMATIONPayment Type: (check one) ☐ Cash ☐ Check ☐ Credit Card ☐ Transfer Voucher**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	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: <http://www.health.uconn.edu/park>
An Equal Opportunity Employer