

## 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 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> Year  
*(check applicable)*  Non-UConn Student  SODM 1<sup>st</sup> Year  SOM 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> Year  
 UConn Student  SOM 1<sup>st</sup> 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: <i>(check one per payment)</i>				
Permit Cancel Date: _____	Paid: _____	Cash	Check	CC	PD	TV
Permit Type/Permit #: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Signature/Date: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>