

**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 \_\_\_\_\_

**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 the Parking & Transportation Dept. to avoid a fee.

**PAYROLL DEDUCTION FOR GRADUATE ASSISTANTS ONLY**

(Check One)  I hereby authorize the State Comptroller to start the deduction of \$ \_\_\_\_\_ from each paycheck and remit said amount to the University of Connecticut Health Center.  
 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: _____	\$ _____					