

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.

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 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: <i>(check one per payment)</i>				
Permit Cancel Date: _____	Paid: _____	Cash	Check	CC	PD	TV
Permit Type/Permit #: _____	\$ _____					
Parking Signature/Date: _____	\$ _____					