Transportation and Parking Services

USG Medical Parking Request Form

****Must be completed by health care provider

Dear Healthcare Provider,

On our campus, students and staff members are assigned to a designated parking location. Your patient has requested access to other parking lots due to a medical need. We ask that you please fill out this form to validate this patient's request. Please complete the following and return to the USG student/staff member.

USG Student/ Employee_____ needs access to other parking lots on campus due to a medical need.

Check on: Agree □   Unsure □   Disagree □

The student/ staff member requires medical parking for:

Fall Semester Only □   Spring Semester Only □   Full Academic Year □

Additional information to support this request:

Health Care Provider Name:_____

Health Care Provider Address:_____

Health Care Provider Telephone:_____

Physician Printed Name:_____

Physician Signature:_____   Date:_____

****USG student or employee should return this form to the Transportation and Parking Services via email (usgtransportation@umd.edu).