

email (usgtransportation@umd.edu).

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## **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. needs access to other parking lots on USG Student/ Employee\_\_\_\_ campus due to a medical need. Check on: Agree □ Disagree □ Unsure □ The student/ staff member requires medical parking for: Spring Semester Only □ Fall 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