



UMD 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 UMD student/staff member.

UMD 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: _____

****UMD student or employee should return this form to the Department of Transportation Services via email (transportation@umd.edu).