



**PARKING  
SERVICES**

## **UMBC Medical Parking Permit Form**

***Must Be Completed by Health Care Provider***

At UMBC, all faculty, staff and students are required to park in their assigned parking zone. Your patient has requested access to our Pay-to-Park Lots (closer to the center of the academic areas). Before we grant this permission, we will need you to complete this form to validate your patient's request. Please complete the following and return to the UMBC student, staff or faculty member in your care. Please note, this does not authorize use of ADA Accessible parking.

Currently, \_\_\_\_\_ is being treated by myself and I believe it would be beneficial for their recovery to have closer parking:

**The patient requires closer parking for:**

\_\_\_\_\_ Up to 4 Weeks      \_\_\_\_\_ Up to 6 Weeks      \_\_\_\_\_ Up to 8 Weeks

**Additional contact information:**

Health Care Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Health Care Provide Phone #: \_\_\_\_\_

Health Care Provider E-Mail: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

UMBC Faculty, Staff & Students may return this form to Parking Services at [parking@umbc.edu](mailto:parking@umbc.edu).