

UCF RESERVED PARKING REQUEST FORM

This form should be submitted to UCF Parking Services with all requested information.
Incomplete requests will be delayed.

Name: _____

Campus Affiliation: (School, Department, etc.): _____

Your Official Title (e.g. Associate Dean, Department Chair): _____

Campus Telephone Number: _____

Campus E-Mail: _____

Desired Parking Lot: _____

Average number of trips each day for official University business
(Do not include personal trips such as coming to work): _____

How many days per week are you on campus? _____

What percentage of the day are you required to be on campus? _____

Describe purpose of trips:

Describe any other unique reasons you may need this reserved parking space:

Signature _____

Date _____

Please complete all requested information and return with a letter from your **Dean, Director, or Department Head** as applicable, signed and on letterhead. The letter should confirm your reasons for needing this location and describe why your situation is unique. Applications cannot be processed without this letter. Thank you.