



Section 1 – Customer Information

Name Department, College

Address, City, State, Zip Phone Number Email Address

City, State and Zip Student ID Number

Vehicle Information

Plate Number Plate State VIN Number (if plate number is not available)

Vehicle Year Vehicle Make Vehicle Color

Section 2 – Pregnancy Information

Type of Request (circle one): Third Trimester Request High Risk Request

Requested Start Date: _____

Infant Due Date: _____

Current Parking Lot: _____

Preferred Location: _____

Please fill out below for High Risk Requests

Doctor Name: _____ Doctor Phone Number: _____

Documentation from Doctor provided (circle one): Yes No

Section 3 – Expectant Mother Program Information

Student permit holders in their third trimester of pregnancy may elect to reserve an expectant mother space in their permitted lot. For convenience a spot may be selected by the expectant mother to provide a location with closer proximity to her primary destination, within the parameters of her previously assigned lot. Should the permit holder need to make these arrangements prior to the third trimester due to a high risk or otherwise problematic condition, please contact us as soon as possible so we can provide you with this service. Students must be enrolled as a fulltime (12 credit hours) student (online classes do not qualify).

Section 4 – Signature

I affirm all information supplied on this registration form is correct. I understand that falsification of registration material or information may result in disciplinary action. I agree to follow the policies regarding expectant mother parking at UCF. I understand that all arrangements for the expectant mother program will expire 7 days after the due date listed above.

Signature Date

PLEASE RETURN COMPLETED FORM TO: Patrice Fairweather, Student Development and Enrollment Services (SDES) Associate Vice President and Dean of Students office, PATRICE.FAIRWEATHER@UCF.EDU. QUESTIONS: 407-823-6960