



Expectant Mother Parking Program Information

Student permit holders in their third trimester of pregnancy may elect to reserve an expectant mother parking space. For convenience, the expectant mother may select a location which is closer in proximity to her primary destination. Students may choose one location for the parking space. Requested location is not guaranteed, but the staff will do their best to accommodate each request. 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 student with on campus classes (online classes do not qualify). Students must also have a current, paid semester UCF parking permit associated with their vehicle.

Section 1 – Student Information

_____		_____	
Name		Department, College	
_____		_____	_____
Address, City, State, Zip		Phone Number	Email Address
_____	_____	_____	_____
City, State and Zip	Student ID Number	Position (Undergraduate/Graduate Student)	

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

Infant Due Date: _____

Please fill out below for High-Risk Requests

Doctor Name: _____ Doctor Phone Number: _____

Documentation from Doctor provided (circle one): Yes No

Section 3 – Parking Information

Please note: a current, paid semester UCF parking permit must be associated with the vehicle in which your expectant mother parking placard is displayed. You must always have this placard on your dashboard when parked in expectant mother parking or you will be towed. Placard will be given to the student following completion of this form and once approved by staff.

Agreed Upon Start Date of Expectant Mother Parking: _____

Agreed Upon End Date of Expectant Mother Parking: _____

Current Parking Lot: _____

Preferred Location (please be specific with which lot or garage, space is not guaranteed but staff will try to accommodate your request): _____

Section 4 – Expected Times on Campus During Third Trimester

Students – Please list your anticipated class schedule during your third trimester.

Monday: _____

Thursday: _____

Tuesday: _____

Friday: _____

Wednesday: _____

Section 5 – 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 understand that all arrangements for the expectant mother program will expire 7 days after the due date listed above. I agree to follow the policies regarding expectant mother parking at UCF, including only parking in my space on agreed upon days of the week and start-end dates, not parking in any other expectant mother parking spots on campus, and having a valid UCF parking permit on your vehicle for the duration of expectant mother parking. I understand that Student Care Services takes no responsibility if others on campus park in my space – it is my responsibility to contact UCF Parking Dispatch 407-823-3088. I understand that all arrangements for the expectant mother program will expire on the agreed upon date listed above and that another expectant mother will begin using the space at that time or the sign will be removed. Additionally, I agree to inform Student Care Services immediately if I no longer need the space prior to the end date listed above.

Signature of Applicant

Date

Signature of Student Care Services Staff

Date

PLEASE RETURN COMPLETED FORM TO: Student Care Services, CareManager@ucf.edu QUESTIONS: 407-823-5607