

RESIDENTIAL FIRST-YEAR STUDENT PARKING EXCEPTION REQUEST FORM

DATE: _____
Student Name: _____
UMBC ID: _____
Current Campus Address: _____
Email: _____
Cell phone: _____
Parking Hang Tag #: _____

Types of Documentation Required:

- **For any medical requests, a letter on letterhead from a certified professional must be included. The letter must detail your treatment schedule. Be sure to include in your explanation the reason that your appointments cannot be scheduled to better accommodate your course schedule.**

Reason for Request (circle one):

- **Medical**
- **Educational**

Definitions:

• **Medical**

A legitimate medical need can be defined as appointments with a healthcare provider that conflict with a student's course schedule to the degree that the UMBC Shuttle to the Satellite Lot is not able to accommodate him/her.

• **Educational**

A legitimate educational need can be defined as off-campus requirements for educational programs that conflict with a student's class schedule to the degree that the student is not able to take the UMBC Shuttle to the Satellite Lot in order to retrieve his/her vehicle. Educational Programs that might warrant an exception are Scholarship/Service Programs (ex. Sondheim). You may also request an exception if you are taking a course off-campus.

- **For an educational need, a typed letter from the Program/Service Coordinator explaining the reason for the request and why the service project(s) cannot be scheduled around your classes –or – official documentation that verifies that you are enrolled in the course. Detail in your personal explanation why the course is being taken off campus.**

PLEASE ATTACH TO THIS FORM YOUR TYPED REASON/EXPLANATION FOR THIS EXCEPTION REQUEST and the REQUIRED DOCUMENTATION *including a copy of your course schedule.*

Please include in your explanation, the location of the off-campus site and your estimated travel time.

I authorize that the information provided is true and accurate. I understand that exception requests will not be granted for employment or convenience and that submission of a request does not guarantee that I will receive an exception.

Signature: _____

For Office Use Only:

Request Received On: _____

Date: _____ Approved _____ Denied _____ Pending _____

Student Notified on: _____ SPAB Signatures: _____

Notes: _____