

The University of Georgia
Parking Services Department
Expectant Mothers Program

Section 1 – Customer Information

Name

University 81 Number

Mailing Address

Phone Number

City State Zip

Email Address

Vehicle Information

Plate Number Plate State

VIN Number (if plate number is not available)

Vehicle Make Vehicle Model

Vehicle Color

Section 2 – Expectant Mother Program Information

Student, faculty, and staff permit holders in their third trimester of pregnancy may select a parking lot with closer proximity to her primary destination, as space is available.

Should the permit holder need to make these arrangements prior to the third trimester due to a high risk or otherwise problematic condition, medical documentation must be provided to Parking Services at the time of application.

Section 3 – Pregnancy Information

Type of Request: Third Trimester Request High Risk Request

Infant Due Date: _____

Current Parking Lot: _____

Preferred Parking Lot: _____

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 the University of Georgia. I understand that all arrangements for the expectant mother program will expire 7 days after the due date listed above.

Signature

Date