



# UCLA Parking Temporary Permit

I understand that this Temporary Permit is not to be duplicated or resold and is non-transferable from person to person.

## Instructions to UCLA Employee:

1. Have your personal physician complete and sign.
2. Obtain your Department Head/Supervisor's signature.
3. Please present to UCLA Parking Services.

Temporary Permits will be issued for no more than a quarter, and cannot be renewed more than 6 times consecutively. A new form will be required for each Temporary Permit.

## Privacy Notice

1. The principle purpose for requesting the information on this form is to issue a parking permit in accordance with parking regulations.
2. This information is solicited in accordance with the University policy adopted pursuant to Article IX, Section 9 of the California Constitution and is in accordance with the California Vehicle Code 21113a.
3. Furnishing each item of the information requested on this form is mandatory (except where noted on the form). Failure to provide the requested information will delay or may prevent completion of the parking permit application process.
4. Information furnished on this form may be used by various University departments as required in the regular course of business and may be transmitted to State or Federal Government agencies as required by law.
5. You have the right to refuse personal information obtained about you in accordance with the University policy and may contact the office of record maintaining information or the Records Management Coordinator, 10920 Wilshire Blvd., Suite 1120, Mailcode: 143348. (Campus Ext. 48868) for more information concerning your rights.
6. The official responsible for maintaining the information provided on this form is the UCLA Parking Administrator, 555 Westwood Plaza, Mailcode: 136008.

Date \_\_\_\_\_

To: UCLA Parking Services

Physician's Full Name

Street Address

City

Zip

Physician's Medical License

Regarding: Changing UCLA Parking Lot Assignment for

Employee's Name

UID

Department & Job Title

Current Parking Lot

Requesting Parking Lot

Impairment Period \_\_\_\_\_ To: \_\_\_\_\_

### Check if applicable:

- ☐ In addition, I have completed a California Department of Motor Vehicle Application for Disable Placard or Plates for this patient.

I certify the above patient requires a **temporary** change in UCLA parking lot assignment, as described above, due to medical reasons.

Physician's Signature

Date

Department Head/Supervisor Signature

Date

Parking Coordinator's Signature

Date

### Parking Services Use Only

- ☐ Approved  
☐ Denied

X

Authorized by

Date

### Comments:

