

Employee — UK HealthCare Reserved/Core Permit Application



Customer Information

Name: _____
Last, First MI _____ UK ID number _____

Home Address: (Street, City, State, Zip) _____

Home Phone: _____ Work Phone: _____ *Cell Phone: _____

UK Department: _____ Title/Position: _____

Vehicle Info: _____
License Plate _____ State _____ Make _____ Model _____ Color _____

Is your primary work assignment located off-campus? Yes No If so, where? _____

Permit Information

Request Reserved or Core Permit Request Change of Current Location Renew Current Permit

Reserved Tier (\$1,512/yr)

KY Clinic (E3L)
UKHC Main Lower (E8L)
Good Samaritan (E4)
University Drive (E25)

Core Tier (\$756/yr)

KY Clinic Garage (E3U)
UKHC Main Upper (E8U)
Good Samaritan Upper (E4U)
Gazette Avenue (E26)

Additional Privilege(s)

Does your position require 30-minute emergency on-call response? Yes No

Does your position require access at both UK Chandler Hospital and UK Good Samaritan Hospital? Yes No

Payment Method

Check (payable to UK)
Credit card
Payroll Deduction Pre-Tax

Delivery Method

Mail
Hold for Pickup

Contact Information

Department Contact Person :
Phone Number :

Customer Signature

Date

Please bring, mail or email completed form to:

UK Transportation Services
Parking Structure #6
721 Press Avenue
Lexington, KY 40506-0571

*By providing your cell phone number, you are agreeing to receive either texts or phone calls from our department in relation to this application.