



Cornell University

Name (print) _____ CU NetID _____
Last First

Campus Address _____
Department Room # Building

Phone _____ Contact Preference: Phone Email

Home Mailing Address _____

Street/PO Box

City State Zip

Transportation Services

116 Maple Avenue
Ithaca, New York 14850-4902
Tel: 607.255.4600 • Fax: 607.255.0257
transportation@cornell.edu

FamilyCare Program Request Form

Employees with documented dependent- or child-care responsibilities who participate in a commuter program are eligible for an additional ten, occasional-use parking permits every six months at no charge. Please complete the top portion of this form, and have your dependent- or child-care provider fill out the bottom. We may contact the provider for documentation supporting this request. This form must be completed annually.

Commuter Program: OmniRide RideShare VRide VanPool

RideShare/VanPool Contact Person: _____ CU NetID: _____

Is this request related to dependent- or child-care related responsibilities? Child-care (under the age of 18) Dependent-Care (ages 18 and up)

Name of Dependent or Child	Date of Birth	Name of Care Provider	Care Center	or	Home-based Care
_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>

How often does this need arise each week? 1-2 Days 3-4 Days Daily

The above information is true and complete to the best of my knowledge.

Signature _____ Date _____

<i>Office Use Only</i>	
Received Date:	
Verification Date:	
Processed By:	Date:

To be completed by care provider:

Name: _____ Phone: _____ Email: _____

Signature _____ Date _____ Contact Preference: Phone Email