SafeRide Request for
Disability Transport Scheduled Services

Name _____ **ID# 800** _____ **Phone#** _____

Campus/Home Phone _____ **(circle your status)** ❒ STUDENT ❒ EMPLOYEE ❒ OTHER

Academic Semester _____ **Campus Email** _____ **Date** _____

PICKUP LOCATION	DROP OFF LOCATION	DAY OF WEEK & TIME

If notified of eligibility to receive transport services you may complete and return this form to:
Parking and Transportation Services
Facilities, Operation and Parking Services Building
Fax 704-687-3686

SafeRide will get as close as possible to an accessible entrance, but will drive and/or park only on paved pathways/parking lots. For question**: www.saferide.uncc.edu**