

Authorization for Honoraria Parking Program 200

Name: _____ Employee ID #: _____

College and/or Department: _____

Job Title: _____

Type of permit requested: (Circle all that apply)

ONE DAY PERMIT
(\$55.00)

TWO DAY PERMIT
(\$105.00)

THREE DAY PERMIT
(\$150.00)

FRIDAY PERMIT
(\$26.00)

Please specify the days you will need to park on campus: (Circle all that apply)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

By signing this form, I acknowledge that I am a non-benefited instructor/lecturer, and an instructor who is not also a student. I understand that the permit will be valid during a given semester ONLY in the HUB or VISITOR lot and ONLY on the day(s) of the week for which it was purchased.

Signed: _____ Dated: _____

Department Head Signature: _____ Dated: _____

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