

**Authorization for Lecturer Parking Program**

**20**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

College and/or Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

License Plates (enter up to 5 license plates, including motorcycles, but only one of these 5 vehicles can be on campus at the same time)

\_\_\_\_\_

**Type of permit requested: (Circle all that apply)**

**ONE DAY PERMIT  
(\$70.00)**

**TWO DAY PERMIT  
(\$140.00)**

**THREE DAY PERMIT  
(\$210.00)**

**FRIDAY ONLY PERMIT  
(\$35.00)**

**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 in Orange, Yellow & Blue (100-300 series) parking lots and in visitor parking levels of both the Gateway and Alpine Garages ONLY on the day(s) of the week selected above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Dated: \_\_\_\_\_