

Student Parking Request

Note to the Requestor: By submitting this form you agree to the terms and conditions of Student Parking, which can be found [here](#).

Student _____ Date _____

Student Signature _____

OHSU Email Address _____ Student ID # _____

School _____ Phone _____

Compelling and/or emergent need for parking

Type of parking requested (choose one)

Dotter Lot on Marquam Hill A chcfWVYDUf_jb[.....Schnitzer Lot at South Waterfront

5ddfcj YX 8Yb]YX Reason: _____

Duration requested (14 day min – 90 day max) _____

Name of approving authority _____

Approving authority signature _____

(Use only if parking fees are to be paid by the University)

FAID _____ Alias _____

Department agrees to pay \$ _____

Parking Office Approval

Approver signature _____