



Cashier Use Only

Issued Permit #: _____

Date Issued: _____

STUDENT CARPOOL APPLICATION

QUARTER/YEAR: _____

PRIMARY DRIVER NAME (Last, First): _____

SID #: _____

EMAIL ADDRESS: _____

PHONE: _____

CARPOOL MEMBER (Last, First): _____

SID #: _____

EMAIL ADDRESS: _____

PHONE: _____

The signatures below indicates that the carpool members have read and fully agreed to the terms and conditions of the STUDENT CARPOOL GUIDELINES & REQUIREMENTS as well as the general Transportation & Parking rules and regulations at Highline College and understand that failure to follow and abide may lead to citations and suspension of all parking privileges on campus.

_____ A minimum of TWO (2) currently-enrolled Highline College students is required for each carpool and must be present upon purchasing a carpool pass.

_____ The members of the carpool must be present in the vehicle when parking in the carpool permit spot. Violators may be cited.

_____ Only ONE (1) permit will be issued to the PRIMARY DRIVER for the carpool group. Registered members of the carpool group may NOT purchase additional parking permits during the academic quarter.

Signature: _____ Date: _____

Signature: _____ Date: _____