

**Parking/Access Request Form - Student**

New Badge (\$10)

Lost Badge (\$20)

**Payment is made at the cashier's office and receipt is to be shown.**

Last Name:	First Name:
Email:	Phone Number:
School:	Program:
Department:	Position:
Start Date:	End Date:
Add " <b>Je parle Français</b> " to your badge?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Student</b>	
<input type="checkbox"/> Monthly - \$50	Initials _____
<input type="checkbox"/> Pay As You Go – \$3.40 per 24 hours	Initials _____
<input type="checkbox"/> Parking Declined	Initials _____

<b>Accommodation</b> (Must be approved by Occupational Health Safety & Wellness)	
Authorized by: _____	End Date: _____

**Submit completed form to Human Resources Front Desk.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Report a lost or stolen ID Badge to Protective Services immediately as per Administrative Policy Identification Card / Access HR 6-4.**

Processed by HR: Completed Date _____ Signature _____ (send to Payroll for filing)
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