

1. Application Type (Check one)

☐ Renewal ☒ New Applicant

2. Affiliation (Check one)

☐ Employee ☐ Student ☐ Sponsored Role
☐ Non-HUID Contractor ☒ Other: Campus Child Care

3. Contact Information

Last Name

First Name

HUID

Home Address

City

State

Zip

Campus Address

City

State

Zip

Department or School Affiliation

Contractor Company Name (For Sponsored Role or Non-HUID Contractor)

Email Address

Home Phone

Work Phone

Please check the best number to contact you while parked on campus.

☐ Cell ☐ Home
☐ Work ☐ Email

Cell Phone

Other

4. Vehicle Information

Please provide all active vehicles in order to maintain proper access.

State

Plate #

Make

Model

Color

Commercial Plate

State

Plate #

Make

Model

Color

Commercial Plate

5. Request a Permit (Check one)

☐ 5-Day ☐ 3-Day ☐ 2nd Shift ☐ Carpool ☐ EV Charging Station
☐ LEV ☐ Tenant ☐ Motorcycle ☐ Reserved ☐ Evening Commuter
☐ University Vehicle ☐ Sponsored Role ☐ Non-HUID Contractor ☐ Other: _____

For a 3-Day permit, please check your valid days: ☐ M ☐ T ☐ W ☐ Th ☐ F

6. Payment Method (Check one)

☐ Harvard Payroll Deduction (Paid in full-months) ☐ Smithsonian/SAO Payroll Deduction
☐ Student Account (One-time charge; valid HUID required) ☐ Check
☒ Department Billing Code: (Authorized department use only) ☐ Credit Card (One-time charge. Please do not record credit card information.
Campus Child Care Parking Services will contact you to request information.)

7. Please read carefully before signing parking application

The University is not responsible for any damage or loss of any vehicle or its contents by reason of fire, theft, vandalism, or any other cause. By my submission of this application, I acknowledge and agree as follows:

I agree to release and forever discharge President and Fellows of Harvard College and its officers, employees and governing boards from any legal liability in the event of injury, property damage, or loss, and I waive any claim I may have, now or later, in respect of injury, property damage, or loss arising out of or relating to parking at the University

I agree to observe all rules and regulations for University parking as from time to time are in force (including all rules regarding fines, fees, appeal procedures and refund policies) published at parking.harvard.edu

I understand that parking privileges may not be transferred, and that reproducing, altering, or forging credentials, or otherwise enabling unauthorized individuals to use parking facilities may subject me to penalties, including fines, towing, and revocation of parking privileges

I acknowledge and agree that Harvard may scan the license plates on my vehicle(s) in University parking facilities to verify my parking privileges

I accept responsibility for the license plates attached to my record

I understand if I wish to cancel parking, IRS regulations on pretax payroll deductions prohibit a refund except in limited circumstances if I am terminating employment

Harvard requires employees to give at least two weeks' notice of cancellation of parking privileges

I understand that payment via payroll deduction will be made in full-month increments only

I understand that all amounts not paid when due may be charged to my student term bill (for students)

I understand that this is only an application and that no parking privileges are granted or implied unless and until this application is formally accepted by Harvard University

Parking Services and a parking credential is issued to the applicant

I understand that my eligibility for parking is based on my University affiliation

I understand that the University reserves the right to relocate or cancel my parking privileges with or without cause at any time

Signature

Date

Office Use Only

Permit #

Location/Type

Access ID

Sent Via

Coord.

T2 Acct #