

Expectant Mother Parking

Customer Information									
Name:					Tech ID:				
Phone:			En	nail:				<u>.</u>	
License Pla	te Number:					Due Dat	e:		
Physician Providing Letter:				Physician Phone:					
(11	^c you plan or	n having a 1	elative or fri	Drop-Off In end drop yo		n-campus loc	cation for w	ork or class)	
Name:				R	elationship:				
Phone:			En	nail:					
License Plate Number:				Texas Tech ID #:					
Permission Information (to be filled out by TPS)									
Permit Number:			Expiration Date:						
Permission Start Date:			Permission End Date:						
Access:	s: \Box DT (Drive-Through, or drive through the interior of campus weekdays from 7:30 a.m. to 5:30 p.m.)								
	\Box XT (Extended Time, or park past posted time in free, timed spaces)								
\Box PP (Park-and-Pay, or excused from needing to pay to park in areas that require payment)									
	\Box Other: _								
RH Student Only: \Box Z1 \Box Z2		□ Z2	□ Z3	□ Z4	□ Z5	□ Z6	□ Z7		

Customer Agreement

This permission is provided on an as-needed basis when the amount of spaces on campus permits. The permission is temporary for the time indicated above, and it requires an active Texas Tech University parking ePermit for use. This temporary permission is issued at the sole discretion of Transportation and Parking Services. Spaces are not guaranteed with this permission. Any misuse, abuse, alteration, or false statement in regards to the permit may result in revocation of parking assistance, penalty, and disciplinary action. The customer is responsible for all citations issued to her vehicle.

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