

Northwestern University

Departmental Parking Additions/Cancellations

Department Information

Name of Parking Administrator (please print): _____

Department: _____ Phone #: _____

Campus Address: _____

Date: _____ Signature: _____

(For Medical departments, the following signature is necessary)

Medical Dean's Approval: _____

Date: _____

Parking Approvals - Additions

Last Name	First Name	Department/School	Empl ID No.	Parking Effective Date

Parking Cancellations

Last Name	First Name	Department/School	Empl ID No.	Cancellation Effective Date