



Parking Services Parking Coordinator Signature Authorization Form

Please submit this completed form to Parking Services, 555 Westwood Plaza. Mail Code: 136008. Or Fax to: (310) 267-1802. Thank you.

UCLA Department Information

PLEASE PRINT!

Department FS#

Department Name

Mailing Address

Campus Address

Mail Code

Fax No.

Primary Parking Coordinator

PLEASE PRINT!

Name

UID

Extension

E-mail

Signature

X

Secondary Parking Coordinator

PLEASE PRINT!

Name

UID

Extension

E-mail

Signature

X

Alternate Parking Coordinator

PLEASE PRINT!

Name

UID

Extension

E-mail

Signature

X

Alternate Parking Coordinator

PLEASE PRINT!

Name

UID

Extension

E-mail

Signature

X

Alternate Parking Coordinator

PLEASE PRINT!

Name

UID

Extension

E-mail

Signature

X

Departmental Dean, Director or Chairperson

I authorize these employees to approve and manage parking for our department.

PLEASE PRINT!

Name

Extension

E-mail

Authorized

X

Signature of Department Dean, Director or Chairperson

Parking Services Use Only

Updated by: _____

Date: _____