

T.W.U. PARKING FACILITY



metropolis

Access Control Card Form

ALL LINES WITH * ARE REQUIRED

Circle One:	Add	Delete	Lost	Damaged	Renewal	Replace
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Card Holder Name: * _____ TWU ID #: * _____

Company: _____ TWU Student _____

Address: * _____ City: * _____ State: TX Zip * _____

Bus. Phone: _____ Res. Phone: _____ Cell: * _____

Fax _____ E-Mail * _____

(1) Vehicle Make: * _____ Model: * _____ Color: * _____ Lic. Plate: * _____

(2) Vehicle Make: * _____ Model: * _____ Color: * _____ Lic. Plate: * _____

Parking Office Use ONLY - Contract and Keycard Fees

The current Semester rate is: \$320 and is subject to an additional \$40 based on pro-rated months at semester start

Processing Fee for New or Lost/Damaged Keycards is a non-refundable \$15.00 fee

Authorized Signature - Student *Date*

Authorized Parking Representative Signature *Date*

FOR OFFICE USE ONLY	
Paymt Method	
<i>Check/Money Order</i>	
Visa	_____
MC	_____
AMEX	_____
Amount	_____

Parking Office Use Only

Card #: _____ Effective Date: _____ Termination Date: _____ Parking Location: _____ TWU/98770

Date Entered: _____ Received By: _____

ALL STUDENTS MUST PROVIDE FULL COURSE SCHEDULES WITH CURRENT SEMESTER DATES