



Office of Associate Vice President of Administration  
Department of Campus Safety and Security

**TO: Department of Campus Safety and Security**

**RE: Faculty/ Staff Parking Waiver**

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I, \_\_\_\_\_, do not plan to park a vehicle on Meharry Medical College property during my employment. Therefore, I will not need a parking decal at this time, so it has been given back to the Department of Campus Safety and Security.

I understand that if I acquire a vehicle, I will register my vehicle and authorize the Department of Campus Safety and Security to deduct the fee associated with the parking area from my pay check.

I further understand that when this form has been submitted to the Department of Campus Safety and Security parking privileges are terminated immediately.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Employee ID Number**

Received in Security Office By (initial):	<input type="text"/>	Date:	<input type="text"/>
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