

2024-2025 Parking Voucher Contract

Application Date:	Semester/Year:
Student Name:	Student ID:
UMassD email: _____ @umassd.edu	Contact Phone Number:

Please attach an Account Summary and Summary for all Terms from your Coin account

<u>Annual Permit: \$250 (circle one)</u>	<u>Semester Permit: \$125 (circle one)</u>
Commuter	Commuter
East Campus	East Campus
Woodlands	Woodlands
Spruce	Spruce
Balsam	Balsam
Cedar Dell	Cedar Dell
Veteran: Discounted rate if registered with UMD	Veteran: Discounted rate if registered with UMD

Please fill out your vehicle information below:

Please check the box if this is an Electric Vehicle:

Make:	Model:	Color:	Year:	State:	Plate:
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Terms and conditions:

As a current University of Massachusetts Dartmouth student, I elect to transfer the excess funds from my financial aid as shown on my UMD account summary to UMass Pass for the purchase of my parking permit.

By signing below, I acknowledge that the price as indicated below will show on my UMD account summary as a debit for my parking permit.

Student Signature: _____ Date: _____

Do Not Write Below This Line: Official Use Only

Account Summary Total: -\$	Term:
Permit Type & Permit number:	
Completed Date of Transfer:	Total: \$
Employee Signature:	Date: