EXTENDED PARKING REQUEST

Submitting this completed request form to Parking Services allows a CSM student or employee to leave his/her vehicle within the campus boundaries for an extended period of time. Vehicle registration and a valid CSM parking permit must be current and visible during your absence. It may be necessary to move your vehicle; therefore, keys must be provided to Parking Services and vehicle must be parked in Lot A. *This option is not available for visitors!*

PERSONAL INFORMATION

Name:		CWID:
Emergency Contac	ct Name:	
		er:
Registered Owner	Name:	
Phone:		
Address:		
	IATION	
Year:	Make:	Model:
Color:		Your Permit #:
License Plate Num	ber and State c	of Issue:
Vehicle Registratic	n Expiration:* _	
* Registrat	tion must be curre	nt and valid thru the expected date of return indicated below *
personal representatives, ar Mines, and its Board of Trus	nd assigns, do hereby R stees, officers, employe	nicle at CSM for this extended period of time, I, for myself, and on behalf of my heirs, RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Colorado School of es, agents, and representatives, from any and all liability for any and all damages, losses, or ccur during, or result from leaving my vehicle on campus.
		nt that I have read this WAIVER OF LIABILITY, ASSUMPTION OF RISK AND d and accept its terms, and sign it voluntarily.
<u>X</u>		Date:
Date of Departure: _		Expected Date of Return:
Keys Provided to Pa (Employee signature u		

Parking Services is not responsible for keys left more than 30 days beyond expected date of return!

