CAL STATE LA

PARKING & TRANSPORTATION SERVICES

Volunteer Parking Request

This form is to be used to request a daily parking fee waiver for university-approved volunteers. University approved volunteers may receive complimentary parking only for the day(s) for which they are volunteering. The department or volunteer is responsible for any unwaived parking fees. Please submit completed form to Parking@calstatela.edu. **Please allow 3-5 days processing time.**

Requesting Department Information

Department	Dept. Contact Name	Office Extension

Volunteer

Last Name	First Name	Duties and Assignments

Please select month and dates they will be volunteering

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐
14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐
27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐

Volunteer

Last Name	First Name	Duties and Assignments

Please select month and dates they will be volunteering

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐
14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐
27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐

Volunteer

Last Name	First Name	Duties and Assignments

Please select month and dates they will be volunteering

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐
14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐
27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐

Volunteer

Last Name	First Name	Duties and Assignments

Please select month and dates they will be volunteering

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐
14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐
27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐

Authorized Signature	Authorized Name and Title (Print)	Date

Welcome Center Use Only

Date received: _____ Received by: _____

Volunteer(s) Confirmed: ☐ Yes ☐ No INI:_____ Date: _____

Permit Number(s): _____ _____ _____ _____

Department of Public Safety / Welcome Center
5151 State University Dr. Los Angeles, CA 90032-8560
Phone (323) 343-3704