

**Claremont Colleges  
Inter-Campus Parking Request Form**

Name \_\_\_\_\_

Campus Address \_\_\_\_\_

Campus Phone \_\_\_\_\_

Home Campus \_\_\_\_\_

Signature Approval of Home Campus Dean

\_\_\_\_\_

Campus on which parking privileges are sought

\_\_\_\_\_

Semester \_\_\_\_\_

Statement of reason for request

\_\_\_\_\_

\_\_\_\_\_

Decision \_\_\_\_\_

Rendered by \_\_\_\_\_