

**Transit Pass/Commuter Check/Shuttle Pass
RELEASE/ WAIVER OF LIABILITY**

Transportation and Parking Services
University of California, Davis

I, the undersigned, am willing to accept responsibility for the receipt of my:

- Transit Pass/Shuttle Pass

- Train Commuter Check

I hereby request that Transportation and Parking Services mail the requested item to the address noted below. I understand that if the Transit Pass/Commuter Check/Shuttle Pass is lost in transit that I am solely responsible for the replacement cost of said Transit Pass/Commuter Check/Shuttle Pass. I further understand that I am not eligible for an additional discount and will be required to pay the public price for said Transit Pass/Commuter Check/Shuttle Pass.

Signature

Date

Name *(Please print)*

Campus ID Number

Email Address

Faxes will not be accepted; the original form must be mailed or delivered in person to Transportation and Parking Services. The form is not valid unless the mailing address is noted below. Please ensure that a complete address is provided including zip code for U. S. Mail purposes. This address will be utilized by Transportation and Parking Services to mail future Transit Passes/Commuter Check/Shuttle Passes.

I wish to have the pass/Commuter Check mailed to my CAMPUS address:

Name: _____

Campus Department _____

(please do not use acronym)

Campus Location: _____

OR

I wish to have the pass/Commuter Check mailed to my HOME address:

Name: _____

Street Address: _____

City: _____, CA Zip Code: _____