

GROUP PERMIT REQUEST

Please fill out the information below then send via email to guestparking@cwu.edu in order to submit your guest parking request.

Once your email is received, and reviewed guest parking staff will contact you for further details or to confirm the request.

Department Name: _____

Building Destination: _____

CWU Contact Person: _____

CWU Contact Campus Extension: _____

Purpose of Visit: _____

Approximate Time of Arrival: _____ AM / PM

*Charge Credit? : Yes No

*If a charge credit is needed please provide:

*CWU speedkey: _____

*Campus mail stop: _____

Group Name: _____

Please provide a name list if they will be picking up each individual pass directly from our office

Number of Passes Needed: _____

**Valid From: _____

**Valid To: _____

**Guest passes are valid at a maximum of 2 days. If a pass is needed for longer than 2 days please contact the main parking office at 509-963-2667.