

# UTHSC Validation Request Form

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Chatfield String: \_\_\_\_\_

Is this a new account? Yes \_\_\_\_ No \_\_\_\_ (If no please provide account name) \_\_\_\_\_

If this is a new account, what would you like to name your account?

\_\_\_\_\_  
(Limit of 12 Characters)

<b>PVAMU</b> Number of Validations Requested (Increments of 5) _____
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<b>UPG</b> Number of Validations Requested (Increments of 5) Total Validations Requested _____
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<b>UCT</b> Number of Validations Requested \$1.00 ____ \$2.00 ____ \$3.00 ____ \$4.00 ____ \$5.00 ____ \$6.00 ____ \$7.00 ____ \$8.00 ____ Total Validations Requested _____ or Total number of Full Validations _____ (accounts billed on a monthly basis)
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<b>SON/SPH</b> Number of Validations Requested \$1.00 ____ \$2.00 ____ \$3.00 ____ \$4.00 ____ \$5.00 ____ \$6.00 ____ \$7.00 ____ \$8.00 ____ \$9.00 ____ \$10.00 ____ Total Validations Requested _____
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Total Validations Requested \_\_\_\_\_

**Note: If ordering for SPH – Validation Requests must be approved by Robin Baker X9042.**

Is this for an event of daily use? Event \_\_\_\_ Daily Use \_\_\_\_

If for an event, what time will it start and end?

Start: \_\_\_\_\_ End: \_\_\_\_\_ Event Date: \_\_\_\_\_

I agree to authorize UPG/UCT to use the chart-field string provided.

Contact Signature: \_\_\_\_\_

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For Office Use Only

Order Taken by: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please order validations five (5) business day's in advance. We are not responsible for lost/stolen validations. However, if validations are lost/stolen, please contact the Parking Office immediately. This form can be emailed to [parking@uth.tmc.edu](mailto:parking@uth.tmc.edu) or be delivered to either UT Parking Office at 6414 Fannin, ste G25 or 7000 Fannin UCT Lobby. You will be contacted when your validations are ready for pickup.