Third Party Authorization Form

Date: _____

Attn: **Parking & Transportation Services**
3359 Mississauga Road North
Mississauga, Ontario, L5L 1C6
T: 905-828-5254

I, _____, student #_____

authorize _____ to:

_____

_____

_____

_____

_____

_____

Signed,

_____

*Remember to sign your completed application form

OFFICE USE ONLY:

DATE RECEIVED