UTHealth Houston | Auxiliary Enterprises

The University of Texas Health Science Center at Houston

Student Parking Contract

parking@uth.tmc.edu 832.325.7655 or 713.500.3405

Location for which you are registering. Circle one (1)	UTPB After-Hr	SON/SPH After-Hr	UCT After-Hr	So. Campus
Physical Address	6414 Fannin	6901 Bertner and 1200 Pressler	7000 Fannin	Across the Street from 1832 West Rd (NW corner of West Rd and Bertner)
Payment/Registration Location	6414 Fannin, Ste G25 or 7000 Fannin, 1.070Q	6414 Fannin, Ste G25 or 7000 Fannin, 1.070Q	6414 Fannin, Ste G25 or 7000 Fannin, 1.070Q	6414 Fannin, Ste G25 or 7000 Fannin, 1.070Q
Access Times	4:30P-8A, M-F, All day on Weekends and University Holidays. Access cards will not work to enter from 3A – 4:30P M-F.	4:30P-8A, M-F, All day on Weekends and University Holidays. Access cards will not work to enter from 3A – 4:30P M-F.	4:30P-8A, M-F, All day on Weekends and University Holidays. Access cards will not work to enter from 3A – 4:30P M-F.	Access granted to students 24/7/365. After-Hr access to RPC Lot included with contract (4:30P-8A, M-F, All day on Weekends and University Holidays).
Available to whom?	All Students	All Students	All Students	All Students
Account Activation Fee	$0	$0	$0	$10
Parking Periods	Jan 1 - June 30 or July 1 - Dec 31	Jan 1 - June 30 or July 1 - Dec 31	Jan 1 - June 30 or July 1 - Dec 31	Month-to-Month
Price	Free with active enrollment	Free with active enrollment	Free with active enrollment	$40 Monthly

Agreement: I understand that this contract allows me to park one vehicle at a time during the specified access times in your designated facility at my sole risk. I understand that I must use my assigned badge to enter and exit and if I pull a ticket to enter and I will be responsible for the daily rate associated with that parking ticket. I acknowledge that UTHealth Houston is not agreeing to safeguard my vehicle or assume care, custody or control of my vehicle or its contents, and that UTHealth Houston is not responsible for fire, theft, damage or loss of my vehicle's contents. I acknowledge that only a license to park is granted hereby, and no bailment or other arrangement is created. In the event that any claim or action is brought for any casualty caused by me, my vehicle or its contents, I agree to indemnify UTHealth Huston for any related loss.

Name: _____

Date: _____

Vehicle Make/Model: _____

Plate: _____

Vehicle Color: _____

Phone: _____

Email: _____

Signature: _____

NOTE: Complete this form and bring with UT ID to Parking Office to sign-up for parking.

Office Use Only

Credential ID: _____

Amount Paid: _____

Termination Date: _____