



Carpool Agreement

(All carpool members are required to complete this form)

Name: _____

Lehigh ID Number: _____

Campus Mailing Address: _____

Phone Number: _____

Email Address: _____

Please check off the following to indicate understanding and agreement:

- ☐ I certify that I am a participant in this carpool with the individual(s) indicated on this application.
- ☐ I understand the permit I am issued by Parking Services is valid only in the assigned area as designated by Parking Services.
- ☐ If any carpool member would like to withdraw from the carpool, the commuter permit must be returned as soon as possible. If it is the primary carpool member, the primary carpool member must return the permit to Parking Services. A new primary carpool member must be selected and will be required to sign the payroll deduction authorization form to continue the carpool and obtain the carpool permit.

Signature: _____

Date: _____

Carpool Partners: _____
