

Carpool Application



Form TCA 01
Revised 07/14/2025

2025-2026

All carpool members must complete and sign this form. A signature denotes agreement to the rules and regulations. Once complete, please print and sign the form &

E-mail to: carpools@austin.utexas.edu

or

Mail or Fax to: Trinity Parking Garage
1815 Trinity St. Austin, TX 78701-7546
Campus Mail Code D3000
Fax: (512) 232-9405

R, N, N+ or M permits are NOT eligible for carpools. Only one University parking permit is issued per carpool at a time. Please log onto your parking profile and register any vehicles associated to the carpool. In the Employee Type box state Faculty, Staff, student or TPA.

☐ **Previously participated in Carpool Program**

Permit Holder	Last Name	First Name	Date
	Home Address (Street, City, Zip)		UTEID
			Phone
	Make/Model/Color/Year of Vehicle	License Plate N° (include state)	UT Parking Permit N°
	Make/Model/Color/Year of Vehicle	License Plate N° (include state)	E-Mail
Signature (I certify that all information is true and I will notify PTS of any changes)		Employee Type	
Rider	Last Name	First Name	Date
	Home Address (Street, City, Zip)		UTEID
			Phone
	Make/Model/Color/Year of Vehicle	License Plate N° (include state)	E-Mail
	Signature (I certify that all information is true and I will notify PTS of any changes)		Employee Type
Rider	Last Name	First Name	Date
	Home Address (Street, City, Zip)		UTEID
			Phone
	Make/Model/Color/Year of Vehicle	License Plate N° (include state)	E-Mail
	Signature (I certify that all information is true and I will notify PTS of any changes)		Employee Type
Rider	Last Name	First Name	Date
	Home Address (Street, City, Zip)		UTEID
			Phone
	Make/Model/Color/Year of Vehicle	License Plate N° (include state)	E-Mail
	Signature (I certify that all information is true and I will notify PTS of any changes)		Employee Type

For Office Use Only

Date Received: _____

Approved Date: _____

Refund Request N° _____

Group Type

- ☐ Staff
☐ Student
Member Count _____

Permit Type _____

