

MBTA Pass Mailing Release

NAME: _____ BUID NUMBER: _____

HOME ADDRESS: _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

WORK PHONE: _____ WORK EMAIL: _____

CELL PHONE: _____

AFFILIATION:

BU Student

BU Employee

PASS TYPE: _____ MONTH(S) TO BE MAILED: _____

I release BMC-BUMC Parking & Transportation Services from any responsibility for any loss, theft, damage, or delayed receipt of my MBTA pass resulting from my choice to have it to me via USPS.

SIGNATURE: _____

DATE: _____

For BUMC-BMC Parking & Transportation Services Use Only

Processed by: _____ Self-addressed Stamped Envelope Provided and attached