

INDIANA UNIVERSITY CARPOOL PROGRAM

Individual Carpool Registration Form

Name: \_\_\_\_\_

University ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:  
(Include zip) \_\_\_\_\_  
\_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Hours: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Days/week: \_\_\_\_\_

Are you willing/able to share driving responsibility? \_\_\_\_\_

How would you prefer to be contacted by potential matches for a carpool?

\_\_\_\_\_  
(We will provide no other information to potential matches.)

Return this form to:  
Indiana University Parking Operations  
Henderson Parking Garage/310 S Fess Avenue  
Fax (812) 855-3949  
parking@indiana.edu