## **Metrolink Student Enrollment Form**

(Deadline to submit this form is the 10<sup>th</sup> of every month if wanting to purchase a monthly pass)

Last Name	First Name		Student ID#			
Phone Number	Redlands Em	ail Address				
Origin Station	Destination S	Station				
Ticket Type	Provision (1-Time or Auto Renew)					
Disclaimer:						
I understand that I will be issue Metrolink Ticket Vending Mach Day Flex pass(es), I understar pass(es) at any time; however necessary to obtain, will be ave Transportation Coordinator.	nine (TVM) through a nd this product is only , monthly passes for t	Metrolink Corpora administered thro he same month w	te Quick Card (CQ0 ugh the Metrolink M ill not be issued afte	C), if authorize lobile App. I w er the 14th. Co	d one. If I am req ill be able to retrie orporate Quick Ca	uesting the 5- eve my issued irds, if
By placing my signature below	, I am stating that I ha	ave read, understa	and, and agree to al	I of the above	paragraph.	
Student Signature			 Date			
Starting date of Requeste	— ed Pass(es)	Cost of Requ	uested Pass			
Employee Transportation Cool	rdinator Signature		——————————————————————————————————————			
Receipt given by:	Date:_					