



Opt-Out Program Registration Form

I hereby agree to participate in the Smith College Opt-Out Program for the period of July 1, 2026– June 30, 2027. I understand that by joining this program I am agreeing to use alternate ways or forms of transportation (carpool, bus, zipcar, bicycle or walking) than to bring a car to Smith campus **or** the surrounding neighborhood streets. In return, Smith will pay me \$150 or \$400 (depending on if my home address is within or outside the one-mile radius from the center of campus) for the year and I will not have to purchase a Smith parking decal (added savings of \$50). If I need to withdraw from the program or violate the terms of this agreement by parking a car at Smith or in the surrounding neighborhood, Monday – Friday 7:00 a.m.– 5:00 p.m., I understand that I will be responsible to remove my Opt-Out decal, return unused day passes, purchase a Smith parking decal at the normal price and allow Smith to deduct from my payroll the portion of the Opt-Out payment based on the established reimbursement schedule. (See Opt-Out Program rules). Employees that are signed up/approved to work hybrid/remote, along with on campus renters, are not eligible to participate in the opt-out program. Please refer to the Smith Parking Rules and Regulations for all program rules at <https://www.smith.edu/about-smith/campus-safety/parking> **NOTE: Please email this form to parkingdecals@smith.edu**

For Holders of Smith College Opt-Out Parking Decals

I have read, understood, and voluntarily accept the terms and conditions of responsibility set forth above. I affirm that the vehicle registration information listed below is accurate and will affix my Opt-Out decal to the driver’s side rear window and remove all expired Smith College decals.

Signed _____ Date _____
(Signature required)

Decal Holder Information

First Name _____ Last Name _____ Middle Initial _____
Smith College 99# _____ Email _____
Campus Address _____ Cell/Home Phone (____) ____ -- _____
Home Address _____
(Street) (City/Town) (State) (Zip)

Vehicle Details

Color _____ Make _____ Model _____
Year _____ Plate _____ State _____

Registered Owner’s Name _____ Relationship to owner _____
(If applicable)

I will use the following alternate form(s) of transportation to Smith: (Check all that apply)

- Bus Service Zipcar Park-and-Ride Lot Bicycle Walk Other _____
- Carpool _____ Number of One Day passes needed _____
(list participants in group) (you may request up to six per term)

For Office Use Only

Opt-Out decal # _____ Distance from 7 Neilson Dr. _____ One Day passe issued _____
List Carpool partners _____ Term 1 _____ -- _____
Carpool decal # _____ _____ miles Term 2 _____ -- _____

Payment: \$150 \$400