



**Western Michigan University, Unified Clinics**  
**Staff/Student Parking Lot Agreement**

I, \_\_\_\_\_, agree that I will not park in the Unified Clinics/WMU School of Medicine parking lot while a student clinician or staff member at the Unified Clinics. I understand that by parking in the lot, I may be ticketed or towed and am responsible for any repercussions/fees that follow as a result. I further understand that parking in the parking lot results in the loss of spaces for patients or guests at the Unified Clinics, or WMU Med. I agree to park only in student or staff designated areas, or in public parking areas.

\_\_\_\_\_  
Student/Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Orientation Coordinator Signature