

Easy Pass Cancellation Form (Employee Easy Pass on the Clipper Card)



2150 Kittredge Street,
First Floor
Berkeley, CA 94720-5740
Tel. (510) 643-7701

<http://pt.berkeley.edu>

1. Identification

Last (Family) Name	First (Given) Name	M.I.	UC ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Desired Action

Cancel Easy Pass

Select this action to discontinue enrollment in the Easy Pass program and surrender your Easy Pass.

3. Information

Employment Status

Faculty Staff Post Doctorate Other (specify)

Campus Department

Campus Address (including mail code)

Campus Phone Number (###-###-####) e-Mail Address

Home Address (number, street, apartment)

City

State Zip Code (#####) Phone Number (###-###-####)

4. Cancel

Current Easy Pass Clipper # Today's date

Cancel enrollment

5. Agreement

I have provided accurate information on this application and agree to adhere to Easy Pass program policies.

Date

Signature (do not print)