NIH TRANSHARE Program Termination

Instructions: Use this form to terminate your participation in the NIH TRANSHARE Program. Bring this completed form to the Parking Office in Building 31, Room B3B04.

1. Employee's Name *(Last, First, Middle Initial)*		2. Institute or Center	
3. NIH Identification Number	4. Work Address *(building and room)*	5. Work Phone Number	
6. Home Address: Street address		Apartment No. (if any)	
City		State	Zip Code

7. Why are you terminating your participation in the NIH TRANSHARE Program? (Check the answer that best describes your decision.)

- ☐ a. Leaving NIH employment.
- ☐ b. Want to drive to work alone.
- ☐ c. Want to carpool.
- ☐ d. Inconvenient.
- ☐ e. Financial.
- ☐ f. Other.

8. By completing and signing this form, I understand that I am no longer a participant in the NIH TRANSHARE Program. I understand that I will not receive an NIH parking permit if I have received NIH TRANSHARE fare for the current subsidy period.

Signature _____ Date _____

Privacy Act Statement

Public Law 101-509, title IV—General Provisions, section 629 (1990) authorizes the collection of the information on this form. The primary use is by management and the NIH NIH Employee Transportation Services Office (ETSO) to analyze participation in the NIH TRANSHARE Program. Additional disclosures of the information may be to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected. Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the NIH TRANSHARE Program.

FOR PARKING OFFICE USE ONLY

Processed by	Date