



Office Use Only
Permit No.:
Temp No.:
Exp. Date.:
Receipt No.:

STUDENT
PARKING PERMIT APPLICATION

PLEASE PRINT CLEARLY

NAME: _____
Last
First
Middle

Home Address: _____
Street
City
State
Zip Code

Email Address _____ **Student ID Number:** _____

Home Number: _____ Campus/Cell Number: _____

Please Check One:

____ Freshmen ____ Sophomore ____ Junior ____ Senior

Vehicle Info: _____ - _____
STATE – License Plate #
Color
Year
Make
Model

Vehicle Info: _____ - _____
STATE – License Plate #
Color
Year
Make
Model

Vehicle Vin Number: _____

IN WHOSE NAME IS THE VEHICLE REGISTERED WITH AT THE DEPARTMENT OF MOTOR VEHICLES?

Name: _____ Relationship: _____

Address: _____
Street Address
City
State
Zip Code

ATTENTION: PLEASE READ AND CHECK ALL THAT APPLY BEFORE SIGNING.

- I have received the University Parking Guide with the list of parking locations and designations. I will read the material.
- I prefer not to have a printed copy of the University Parking Guide but will use the online guide to University parking online.

PRINT NAME: _____ **Signature:** _____ **Date:** _____