



Department of Campus Safety

Student Parking Permit Application

Permit No:

Last Name:	First Name:
Driver's License Number/State:	Student ID Number:
Student Cell Phone Number:	Notes:

<u>Vehicle Information</u>	
Registration Plate STATE: REG:	Make/Model:
Year:	Vehicle color:
Insurance Carrier:	Policy Number/expiration date:
Please check the box for type of vehicle:	
<input type="checkbox"/> 2-door <input type="checkbox"/> 4-door <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Station Wagon <input type="checkbox"/> Truck <input type="checkbox"/> Convertible	
<input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	

By signing below I (student) agree that I have been provided a copy of the current Mitchell College student parking policy and agree to follow and abide by all regulations set forth in the policy.

STUDENT NAME (PRINT)

STUDENT NAME (SIGN)

DATE:

WITNESSED BY (PRINT)

WITNESSED BY (SIGN)

DATE: