

Application for Temporary Student Parking Permit/Decal
For individuals who are not issued an "Employee Clock-In number."
(Document must be complete!)

Name: (PRINT LEGIBLY) _____

Local Address: _____ Local Phone #: _____

School: _____ Phone #: _____

Department/Program: Medical Education/Medical Student Extension: 3301

Term/Course Start Date: _____ Anticipated End Date: _____

Vehicle: (#1) Make/Model _____ Color: _____

Type: (CIRCLE ONE) Sedan (4dr), Coupe (2dr), SUV, Truck, Station Wagon Year: _____

License Plate Information: _____ State: _____

(For Office Use Only) **Student Permit Sticker Number Vehicle #1:** _____

Vehicle: (#2) Make/Model _____ Color: _____

Type: (CIRCLE ONE) Sedan (4dr), Coupe (2dr), SUV, Truck, Station Wagon Year: _____

License Plate Information: _____ State: _____

(For Office Use Only) **Student Permit Sticker Number Vehicle #2:** _____

Note Permit Sticker only valid until "End Date", and must contact Security for extension.

(For Office Use Only)

Delete Previously Issued Stickers? (CHECK ONE) Yes: _____ No: _____

Issued By: _____ **Date:** _____