

**INDIANA STATE UNIVERSITY
Parking Permit Form**

PLEASE PRINT

Last Name _____

First Name _____

Identification Number: **991-** _____

License Plate Number _____ Expiration Date _____ Color _____

Plate State _____ Vehicle Make _____ Model _____

Cell Phone Number _____ Local or Campus Phone Number _____

Local or Campus Address _____

University Status (check one): Faculty/Administrative Staff _____ Biweekly Staff _____

Student _____ Other _____ Handicap* _____

(*documentation required)

NON-UNIVERSITY STAFF: Department/Employer _____

Permit _____

Date _____

Clerk _____

Amount _____

Cash _____

Check # _____

Payroll Deduct

N/C _____

Visa MasterCard

Auth _____

FOR OFFICE USE ONLY

I understand that I will be receiving a copy of the University Traffic Regulations with my permit and I agree to abide by them.

Signature

