

Office of Parking and Transportation Services 609 Albany St., Basement Boston, MA 02118 (617)638-4915

Application Form for Medical Student Parking

Please complete the following (print or type in ink):

Code

Status

Permit #

Lot

Subsidized parking is available *exclusively* for third-year medical students enrolled in clerkships and fourth-year medical students who are enrolled in a subinternship at Boston Medical Center.

Driver's License Number: Student ID Number:			State:		
			Student Box #:		
Class Year:	□ BUSM III	□ BUSM IV			
Name:	Last		First	MI	_
Address:	Street				_
	City	State	Zip		_
Auto 1:	Make:	Model:		Year:	
	Color:	Plate #	:	_ State:	
Auto 2:	Make:	Model:		Year:	
	Color:	Plate #	:	_ State:	
You must pay	by cash or check (pay	yable to 'BMC') upo	n submission of this fo	orm.	
All applicants	s must read and sign be	elow:			
	my expense. I further und				such rules and regulations, it to suspension or termination
and hold harmle	of injury to person and/or ss BUMC and their respec y kind, including without l	ctive agents and employed	es from any all liability for		ot, and I expressly release l/or loss or damage to
	pased on parking rates in e cation of any rate change, p				
Signature:			Date	e:	
For Office Use	Only:				