

**ANDERSON UNIVERSITY FACULTY/STAFF
PARKING PERMIT APPLICATION**

OFFICE USE ONLY:		
DATE: _____	RP #: _____	PERMIT#: _____
ENTERED IN DUNCAN BY: _____		DATE: _____

NAME:				EMPLOYEE ID #:		
DEPARTMENT:				PHONE EXT.:		
VEHICLE YEAR:	MAKE:	MODEL:	COLOR:			
STATE:	XXXXXXXXXX XXXXXXXXXX	PLATE:	LICENSE PLATE EXPIRES:			
TYPE: Mark with X	2 door	4 door	Van	Truck	SUV	other
INDIANA LAW REQUIRES ALL VEHICLES TO BE INSURED						
I hereby agree to observe and obey all Anderson University vehicle-parking regulations. Vehicles owner or driver acknowledges that Anderson University assumes no liability for theft or damage to vehicles. I certify under penalties for perjury that the foregoing information is correct.						
Date:		Signature:				