

DATE: _____

PARKING PERMIT NO. _____

ANDERSON UNIVERSITY STUDENT APPLICATION FOR PARKING PERMIT

UNDERGRADUATE LEVEL: FR SO JR SR

CLASSIFICATION: Traditional Adult Ed MBA M.Ed SOT

NAME: _____

STUDENT ID NO. _____

CAMPUS ADDRESS: _____

PHONE: (765) _____

PERMANENT ADDRESS: _____

PHONE: () _____

CITY: _____

STATE: _____

ZIP: _____

VEHICLE : MAKE: _____ MODEL: _____

TYPE: 2 DOOR

YEAR: _____ COLOR: _____

4 DOOR

TRUCK

VAN

Other _____

STATE: _____ PLATE: _____ EXP. MO/YR: ____ / ____

**** INDIANA LAW REQUIRES ALL VEHICLES TO BE INSURED ****

I agree to observe and obey all Anderson University vehicle parking regulations. Vehicle owner and driver acknowledge that Anderson University assumes no liability for theft or damage to vehicles. I certify under penalties for perjury that the foregoing information is correct.

Student Signature: _____

Registered by: _____

Entered by: _____