

**ANDERSON UNIVERSITY  
PARKING PERMIT APPLICATION**

<b>OFFICE USE ONLY:</b>						
DATE: _____		RP #: _____		PERMIT#: _____		
<b>ENTERED IN DUNCAN BY:</b> _____				<b>DATE:</b> _____		
NAME:					STUDENT ID #:	
HOME ADDRESS (Street, City, State, Zip)					CELL PHONE:	
CAMPUS ADDRESS (ex: Dorm, Room #)					ALTERNATE PHONE.:	
VEHICLE YEAR:		MAKE:		MODEL:		COLOR:
STATE:				LICENSE PLATE #:		LICENSE PLATE EXPIRES:
TYPE: Mark with X	2 door	4 door	Van	Truck	SUV	Other
<b>INDIANA LAW REQUIRES ALL VEHICLES TO BE INSURED</b>						
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. Permit authorizes payroll/student account deductions for unpaid parking tickets.						
		____ Freshman    ____ Upperclassman    ____ Commuter    ____ Grad Student/ Adult Ed Student				
Date: _____		Signature: _____				