INDIANA STATE UNIVERSITY
GARAGE Permit Form

PLEASE PRINT

Last Name _____

First Name _____

991-

Identification Number: _____

License Plate Number _____ **Expiration Date**_____**Color**_____

Plate State _____ **Vehicle Make** _____ **Model** _____

Cell Phone Number _____ **Local or Campus Phone Number** _____

Fax _____ Email: _____

Local or Campus Address _____

_____

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

Student _____ **Other** _____

Permit _____

Date _____

Exp Date _____

Clerk _____

Amount _____

Cash _____

Check # _____

Payroll Deduct
_____

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

Complete Garage Permit Form and bring Form, Payment, and a copy of the Vehicle Registration to: ISU Traffic & Parking Services, 210 N 6th Street, Terre Haute, IN 47809.