

INDIANA STATE UNIVERSITY
Student Parking Permit Form

PLEASE PRINT

Last Name _____

First Name _____

Identification Number: **991-** _____

License Plate Number _____ Plate Expiration Date _____ Plate State _____

Vehicle Color _____ Vehicle Make _____ Model _____

Cell Phone Number _____ Local or Campus Phone Number _____

Address you want confirmation mailed to (confirmation card is required for pickup): _____

University Status (check one): Student _____ Handicap* _____ (*documentation required)

Payment Type: _____ Check _____ Money Order

_____ Visa # _____ Exp. Date _____

_____ MasterCard # _____ Exp. Date _____

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

Permit _____

Date _____

Clerk _____

Amount _____

Cash _____

Check # _____

N/C _____

Visa MasterCard

Auth _____

Rec'd By:

Date: _____

FOR OFFICE USE ONLY