St. Luke’s College
Student Parking Permit

Name: ___________________________________________________________
First                                                     Middle                                                    Last

Home Phone________________________ Cell Phone ____________________

Make _______________ Model___________ Year_______ Color____________

License Plate #: ________________ State of Registration_________________

Owner of Car _____________________________________________________
First                                                Middle                                                 Last

The following restrictions apply:

1) Student parking is permitted only on the top floor of PC 2 parking ramp on St. Luke’s campus.

2) Students may NOT park in spots that are signed and reserved for VISITOR, HANDICAPPED, PATIENT, PHYSICIAN and LOADING AREAS, nor may students use the VALET service.

3) Parking privileges cannot be transferred to another individual or vehicle not owned by the student to whom the permit is issued.

I have read the restrictions that apply to this “REQUEST FOR PARKING PERMIT” and will comply with them. I understand that failure to do so may result in disciplinary action against me.

Signature: ________________________________ Date: __________________

*** Parking permits will be issued to the student during College Orientation***

Permit Number____________________ Date of Issue_____________________

College use only: