St. Luke's College
Student Parking Permit Request

Name: _____
First Middle Last

Make _____

Model_____

Color _____

Year_____

License Plate #: _____ State of Registration_____

Owner of Vehicle _____
First Middle Last

The following restrictions apply:

1. Student parking is only permitted:
   - **Top floor** of the Pierce Street Surgery Center Ramp
   - **Lot E** surface parking on the corner of 29th & Stone Park Blvd.

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.

Student Signature: _____ Date: _____

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

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College use only:

Permit Number_____ Date of Issue_____