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***

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College use only:

Permit Number_____ Date of Issue_____