INDIANA STATE UNIVERSITY
Student Parking 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 _____

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 _____

Permit _____

Date _____

Clerk _____

Amount _____

Cash _____

Check # _____

N/C _____

Visa MasterCard

Auth_____

Rec'd By:

_____

Date: _____

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

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