

**Student Parking Permit Application**

First Name:        Middle Initial:       Last Name:

PSU ID Number:       Date of Birth:

Cell Phone:       Other Phone:

Home Street Address:

City:       State:       Zip Code:

 *Vehicle 1*

Year:       Make:       Model:

Color:       Plate:       State Registered:

 *Vehicle 2*

Year:       Make:       Model:

Color:       Plate:       State Registered:

Insurance Company:       Policy Number:

Expiration Date:       Driver’s License Issuing State:

[ ]  I agree that the vehicle(s) will be parked on campus at no liability to the university. If the vehicle is parked in violation of any parking regulations, it may be removed by the university. I agree to abide by the parking and traffic regulations of the university. I will report any change of my local address to the police office immediately.

Student Signature­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *For Office Use Only*

Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_