

Student Parking Registration Form

Last Name _____ First Name _____ Messiah ID# _____

Class Standing: First Year Sophomore Junior Senior

First Year Student Exception: Commuter Medical Need Job Age 21 or Older

Home > 250 Miles Away: City _____ State ____ Zip Code _____

Semester: Full Year Spring Only

*For students needing parking for Fall Only, a Full Year Permit will be issued and, if permit is returned by December 15, 50% of the fee will be refunded to the student.

Residency: Commuter Resident: Building _____

Vehicle Details

Model Year

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 Make _____ Color _____

License Plate # _____ State _____

Notes

Please return your completed form to the Ticket Office located in Eisenhower 122.

Office Use Only

Permit # _____

Lot _____

Date Issued _____

Fee _____

Date Expires _____

Issued by _____