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 [__][__][__] 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 ___________________________