

FLORIDA MEMORIAL UNIVERSITY PARKING PERMIT APPLICATION

CAMPUS STUDENT

TRANSPONDER #

COMMUTER STUDENT

DECAL #

ADMINISTRATION/FACULTY/STAFF

ALUMNI

PLEASE PRINT CLEARLY

Applicant's Name:

Last

First

Middle Initial

Permanent Home Address:

Street

City

State

Zip

Permanent Home Phone: (305) _____

Cell #: (305) _____

Local Address (including Dormitory and Room if applicable):

Street

City

State

Zip

Local Phone Number

(305) _____

VEHICLE INFORMATION

Make: _____

Model: _____

Color: _____

Tag Number: _____

State: _____

Expiration Date: _____

V.I.N: _____

Registered Owner (If Different): _____

I understand that on-campus vehicle parking is a privilege subject to revocation at any time for violation of the rules and regulations of Florida Memorial College, which govern same. I will comply fully with all University regulations and the directions/commands of the University officials. False statements made on this application will result in administrative action I understand I am responsible for anyone I bring on campus using my decal & transponder.

I acknowledge receipt of a copy of these rules and regulations.

Signature: _____

Date: _____

Do Not Write Below This Line

Verification of above information:

Print Name: _____

Fee Paid: _____

Receipt Number: _____

Driver License State & Number: _____

Expiration: _____

Remarks: _____
