SAINT MICHAEL'S COLLEGE
STUDENT PARKING PERMIT REQUEST

Office use only *Date:*_____ *Fee:*_____ *Permit #:*_____

NAME: _____
Last First MI

ID #: _____ Campus Box #: _____ Phone: _____

Current Address: _____
Campus housing or off campus street address)

_____

( ) Resident ( ) Commuter ( ) Undergraduate – year:_____ ( ) Graduate

Vehicle: Plate #: _____ State: _____ Color: _____

Make: _____ Model: _____ Year: _____

Parking Liability Agreement

I agree to comply with the currently published Parking and Traffic Regulations of Saint Michael's College.

I accept full legal and financial responsibility for this vehicle's operation by myself and others, and I agree to hold Saint Michael's College free from any claims arising this vehicle's use on campus.

I certify that my vehicle is properly insured and agree to furnish proof of insurance upon request.

I understand that violations of the parking and traffic regulations will result in tickets and fines, and that repeated violations will result in towing at my expense and revocation of parking privileges.

_____ _____
Signature Date