

REQUEST FOR STUDENT PARKING DECAL FORM

Date: _____

Student Name: _____

Student I.D. Number: _____
(*Not your Social Security Number)

VEHICLE NUMBER 1

Vehicle Make: _____ Color: _____

Vehicle Model: _____ Year: _____

Vehicle Tag Number: _____

VEHICLE NUMBER 2

Vehicle Make: _____ Color: _____

Vehicle Model: _____ Year: _____

Vehicle Tag Number: _____

If you drive more than one vehicle, please fill out the additional section provided for Vehicle Number 2.

Note: Each student is allowed a maximum of 2 parking decals.