

Application for Temporary Student Parking and IMS

Note permissions only valid until "End Date" and must contact Manager for extension.

(Document must be complete!)

Name: (PRINT LEGIBLY) _____

Address: _____ Phone #: _____

City, State, Zip: _____ Date of Birth: _____

School: _____ Phone #: _____

Rotation Start Date: _____ End Date: _____

Email Address: _____

Vehicle Make/Model: _____ Color: _____

Type: (CIRCLE ONE) Sedan (4dr)/Coupe (2dr)/SUV/Truck/Station Wagon Year: _____

License Plate Information: _____ State: _____

Driver's License #: _____ State: _____

(For Office Use Only)

UPMC Manager: _____ Phone #: _____

Student Permit Sticker Number Vehicle: _____

Delete Previously Issued Stickers? (CHECK ONE) Yes: _____ **No:** _____

Issued By: _____ **Date:** _____