

Student Motorcycle Parking Permit Application

Instructions: Please complete all sections of this application. Once filled out, print this document and present it to the Campus Parking Office along with your valid student ID, driver's license, and vehicle registration.

Student Information

First Name:

Last Name:

Student ID Number:

Email Address:

Phone Number:

Motorcycle Vehicle Information

Motorcycle Make (e.g., Honda, Yamaha):

Motorcycle Model:

Year:

Primary Color:

License Plate Number:

State of Registration:

Permit Term

Academic Term (e.g., Fall 2024, Spring 2025):

Terms and Agreement

By signing below, I agree to follow all campus parking regulations and understand that the university is not responsible for any theft or damage to my vehicle while parked on university property.

Student Signature (Sign after printing):

Date:

For Office Use Only

Assigned Permit Number:

Issuing Officer Name:

Date of Issue: