

**Nazareth
College**

PARKING PERMIT APPLICATION

PERMIT NO:	NAME: Last First			
PLATE NO:	STATE:	MAKE:	MODEL:	COLOR:
<input type="checkbox"/> ADMINISTRATOR (Gold)	HOME PHONE:		CAMPUS PHONE:	
<input type="checkbox"/> FACULTY (Red)	I hereby request permission to park and drive on the Nazareth College Campus. I hereby agree to abide by all the Campus traffic and parking regulations. I understand that permission may be withdrawn at any time.			
<input type="checkbox"/> STAFF (Green)				
<input type="checkbox"/> RESIDENT STUDENT (Purple)				
<input type="checkbox"/> COMMUTER STUDENT (Yellow)	SIGNATURE:		DATE:	
TERM FALL <input type="checkbox"/> SPRING <input type="checkbox"/>	STUDENT ID #		COMPUTER ENTRY <input type="checkbox"/>	