INDIANA STATE UNIVERSITY
Student Parking Permit Form

PLEASE PRINT

Last Name__________________________________________________________________________

First Name__________________________________________________________________________

Identification Number: ________________________________________________________________

License Plate Number ____________________ Plate Expiration Date __________ Plate State ________

Vehicle Color ___________ Vehicle Make ________________________ Model ___________________

Cell Phone Number ____________________ Local or Campus Phone Number ____________________

Address you want confirmation mailed to (confirmation card is required for pickup): __________________________
____________________________________________________________________________________

University Status (check one): Student _______ Handicap* _______ (*documentation required)

Payment Type: _________ Check   _________Money Order                         _________  Visa   ___________  #_______________________________ Exp. Date ___________

                     _________  MasterCard  #_______________________________ Exp. Date ___________

I understand that I will be receiving a copy of the University Traffic Regulations with my permit and I agree to abide by them.

Signature

Mail Form, Payment and a copy of the Vehicle Registration to: ISU Traffic & Parking Services, 210 N 6th Street, Terre Haute IN 47809