



ICCP STUDENT PARKING APPLICATION 2022-2023

PERMIT # _____

PLEASE PRINT

Student's Name: _____

COST: \$250.00

Address: _____

(Circle one)

Driver's License Number: _____ - _____ - _____

SR JR SO (Circle one)

Parent or Guardian Name: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Automobile(s): List ALL vehicles that will be used:

	Make	Model	Year	Color	Plate #
1.	_____				
2.	_____				
3.	_____				

OWNER OF VEHICLE(S) according to title:

- _____
- _____
- _____

Insured by: (Name of Company)

ANY CHANGES IN THE INFORMATION PROVIDED ABOVE MUST BE REPORTED TO THE DEAN OF STUDENTS.

I certify that I will abide by the conditions outlined for student parking at ICCP (in both handbook and attached guidelines). I realize that repeated infractions of these regulations as determined by the Dean will result in the loss of parking privileges.

Student's signature

Parent or Guardian signature