



**ICCP STUDENT PARKING APPLICATION      2016-2017      PERMIT # \_\_\_\_\_**

PLEASE PRINT

Student's Name: \_\_\_\_\_

**COST: \$150.00**

Address: \_\_\_\_\_

\_\_\_\_\_

SR    JR    SO    (Circle one)

Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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

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

OWNER OF VEHICLE(S) (according to title):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Insured by: (Name of Company)

\_\_\_\_\_

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

**By signing this statement, I authorize ICCP to charge my Smart Tuition Account \$150.00.** In addition, 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