

Parking Registration 2019-2020 Form Student/Faculty Information

Please Print Legibly and Completely Fill-in ALL Spaces Accurately

First Name: _____ Middle Name: _____

Last Name: _____

Program Type: _____

Name of School: _____

Instructor/Preceptor Name: _____

Contact# of Preceptor/Instructor _____

Contact# of Student _____

Clinical Rotation: Start Date: _____ End Date: _____

Shift: () Day () Evening () Night

Site Location: () Sinai () Levindale

SS# (last 4 digits): xxx-xx-_____

Please park in assigned areas only.

Failure to follow parking procedures may result in towing at your expense

Vehicle #1 Info:

Tag Number: _____

Make/Model: _____

Vehicle #2 Info:

Tag Number: _____

Make/Model: _____

- Please check this box if you do not have vehicle
and send this form with other required paperwork.