RHODE ISLAND COLLEGE CAMPUS POLICE

Parking Permit Form

Name: _____
(First) (Last)

(Circle One): Faculty/Staff Administration Commuter Resident

Address: _____
(Number and street)

_____
(City) (State) (Zip)

(Campus address if living on Rhode Island College Campus with Hall and Room Number)

Cell Phone: (_____)_____ D.O.B: _____ (Circle One): M / F

RIC ID#: _____ Graduate Year: _____

Vehicle

Plate Type: Passenger ____ Commercial ____ Other: _____

State: _____ Reg. Plate Number: _____ Year: _____

Make: _____ Style: 4D 2D SUV OTHER: _____

Model: _____ VIN**:** _____

Color: _____ Reg. Exp. Date**:** _____

***F/S ONLY*: Department: _____ Building: _____ Room: _____**

For Office Use Only

Permit #: _____

Authorized Person: _____

Date Issued: _____ Time: _____

Protect. Serve. Educate.