



# Northern Arizona Healthcare

Flagstaff Medical Center • Verde Valley Medical Center

## STUDENT PARKING PERMIT APPLICATION

1. Complete an application for all vehicles parking at an NAH healthcare facilities.
2. Place permit in plain view in the right corner of the front windshield on passenger side or hang from rear view mirror based on location/type of permit issued.
3. **Students will park in designated areas only and must display a parking permit.** Student cars not following these requirements will be ticketed and may be immobilized or towed at the owner's expense.
4. Students will follow the directives of Security Services personnel and all NAH parking regulations.

## STUDENT PARKING PERMIT APPLICATION

**Application is for**  Primary vehicle **and**  Secondary vehicle **(3 or more cars use second form)**

Replacement permit (lost, new windshield, etc) – Permit # (if known): \_\_\_\_\_

Replacement vehicle (vehicle to remove from system): \_\_\_\_\_

### STUDENT INFORMATION:

Name: \_\_\_\_\_

Location: FMC or VVMC (please circle)

INSTRUCTOR Name: \_\_\_\_\_

School: \_\_\_\_\_

Begin date \_\_\_\_\_

End Date \_\_\_\_\_

### VEHICLE INFORMATION:

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Color: \_\_\_\_\_

Temporary License Plate – NOTIFY SECURITY OF PERMANENT PLATE NUMBER WHEN ISSUED

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Color: \_\_\_\_\_

Temporary License Plate – NOTIFY SECURITY OF PERMANENT PLATE NUMBER WHEN ISSUED

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Your signature indicates that you understand all of the requirements and requests on this application\*\***

OFFICE USE ONLY	
Date Issued: _____	Permit#: _____
Issued By: _____	Entered in computer? _____