



PARKING PERMIT

Faculty / Staff

Student Doctor

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Frist Name: _____

Last Name: _____

Student RVU # _____

Phone Number : _____

Driver's License # _____

DL State : _____

VEHICLE INFORMATION

Vehicle Year: _____

Vehicle Type : _____

Vehicle Make : _____

Vehicle Color : _____

Vehicle Model : _____

License Plate # _____

License Plate State : _____

BELOW SECURITY USE ONLY

Permit Number : _____

Permit

Hanger

Sticker

Issuing Officer : _____

Date Issued : _____



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