Please complete all portions of this application and submit to the Marietta College Police Department. Incomplete applications will not be reviewed. Your application will be reviewed as soon as possible. Students will be contacted via Marietta College email with the decision. Follow the direction of freshman parking permit request policy for submission or request will be denied.

|  |
| --- |
| **Applicant Information** |
| **Full Name**: |  |  |  | Date: |  |
| ***Last*** | ***First*** | *M.I.* |
| Address: |  |  |
|  *Street Address* | *Apartment/Unit #* |
|  |  |  |  |
|  *City* | *State* | *ZIP Code* |
| Phone: | **(****)**  | **E-mail Address**: |  |
|  **Marietta College ID No.:** |  |  |  |  |  |
| **Driver’s Lic No**. **Driver’s Lic State****MC Staff \_\_\_\_****Faculty Full time\_\_\_\_\_ Adjunct\_\_\_\_\_****Parkhurst\_\_\_\_\_****Commuter Student\_\_\_\_\_\_****Upper classman Sophomore +\_\_\_\_\_\_\_\_****Freshman\_\_\_\_\_\_\_** must explain reason for parking permit request. Off campus employment must be accompanied with letter from employer and schedule of shifts.Reason for requesting a parking permit:       |
|  |
| **Disclaimer and Signature** |
|  |
| *I certify that my answers are true and complete to the best of my knowledge. By signing this application, I understand that my references may be contacted to verify current employment or reason for request.* *I understand that false or misleading information in my application may result in denial of a permit.* |
| SIGNATURE |  | DATE |  |