



Medical excellence every day™

Student Parking Sticker Registration Form

Approved: _____ Date _____

INSTRUCTIONS

Fill in license plate, make, model and year for each vehicle you will be parking on the hospital campus. Leave "sticker #" blank. Turn form in to security to receive your Vehicle Identification Sticker. Place sticker on vehicle back window, driver's side on the bottom.

Name: _____

Department: _____

Vehicle 1 License Plate: _____ Sticker # _____

Make _____ Model: _____ Year: _____

Vehicle 2 License Plate: _____ Sticker # _____

Make _____ Model: _____ Year: _____

Vehicle 3 License Plate: _____ Sticker # _____

Make _____ Model: _____ Year: _____

Sticker enforcement will begin March 30, 2009.