Student Vehicle Parking Permit Application
Wisconsin Lutheran College 2019 - 2020
(PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK)

NAME________________________________________ DATE__________________

WARRIOR ID NUMBER________________________
2019-2020 GRADE (Freshman, Sophomore, Junior, Senior): __________________________

Email that is checked daily: __________________________________________
Cell-Phone #: __________________________

COLLEGE STATUS: (Please Circle All That Apply)

RESIDENT COMMUTER RESIDENT ASSISTANT
FULL-TIME PART-TIME STUDENT SENATE
1st SEMESTER 2nd SEMESTER BOTH SEMESTERS

For Residents – 2019-2020 On-Campus Residence: ________________________________

PLEASE INDICATE LOT PREFERENCE (please fill out all 4 choices!)
(see map of campus parking lots – attached to email distributed with Parking Permit Applications)

1st Choice____________________ 2nd Choice____________________
3rd Choice____________________ 4th Choice____________________

VEHICLE IDENTIFICATION
MAKE_________________ MODEL_________________
YEAR_________________ COLOR_________________
LICENSE PLATE ________________________ Number State

A copy of your Vehicle Registration must be attached to this sheet for your application to be processed.

QUALIFICATIONS... per "Student Qualification Categories" discussed in email distributed with Parking Permit Applications
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____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

APPLICATIONS RETURNED THRU MAY 15th WILL BE CONSIDERED "ON TIME". INCOMPLETE APPLICATIONS RECEIVED WILL NOT BE PROCESSED. APPLICATIONS RECEIVED AFTER MAY 15th WILL BE CONSIDERED IN THE ORDER THEY ARE RECEIVED. (Prices and availability subject to change)

OFFICE USE ONLY

Registration Supplied
Info per Qualifications (attached)

Lot: ____________________
Wait List: Y N
Processed By: __________ Approved Y N

(Prices and availability subject to change)