Student Parking Application

Permit Number_____

Please have a copy of the following when registering a vehicle.

Vehicle Registration   Driver's License

Insurance Card   Medical Permit Registration (If Applicable)

Class: First Year____   Upperclassman____

Vehicle Information (Please Print)

Make: _____   **Model:** _____

Year: _____   **Color:** _____

Registration Number: _____   **State:** _____

Owner of Vehicle and Relation to Driver: _____

Driver Information

Last Name: _____   **First Name:** _____

Date of Birth: _____   **Age:** _____

Driver's License Number: _____   **State Issued:** _____

Student ID Number: _____

Campus Residence:(Building & Room Number) _____

Cell Phone: _____   **Home Phone:** _____

Please review sections 2.6 2.7 2.8 & 4.0 of the Wheeling University Policy Manual. A copy of the manual may be accessed on the Wheeling University website under Parking Policy.

• Any vehicle which accrues more than $300 in unpaid fines will be booted by the Office of Public Safety until the owner is found, & fines are paid.

 • Any student who repeatedly violates parking rules may be subject to having their parking privileges suspended or revoked permanently.

• Parking passes are to be displayed on the mirror hanging to be visible. Any permit placed incorrectly will be considered invalid and will result in a $50.00 fine.

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I, the undersigned, hereby apply for permission to keep and operate an automobile on the campus of Wheeling University. To the best of my knowledge, the questions above have all been answered correctly. I have read, understand, and do hereby pledge to abide by all regulations governing the use of automobiles as stated in the Wheeling University Student Handbook.

Signature: _____ Date: _____