



Life Chiropractic College West

Parking Permit Request

General Information

Name: _____

Phone Number: _____

Type of Parking Permit Requested:

☐ Student Parking ☐ Employee Parking

Parking Information

All members of the Life Chiropractic College West community must register their motor vehicle(s) with the office of Student Services. Parking permits are to be displayed whenever you are parked on campus.

☐ First Parking Permit ☐ Replacement

Vehicle Information

License Plate #: _____ State: _____

Vehicle
Description: _____

I agree to keep my parking permit displayed at all times, whenever parked on campus.

Signature

Date

Office Use Only

Permit Number: _____

Student Services Representative Signature

Date