



PARKING APPLICATION

OFFICE USE ONLY

Please print legibly or circle the appropriate answer.

SS# \_\_\_\_\_ UIC i-card # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Home address: \_\_\_\_\_  
Street City State ZIP (Area Code) Phone #

Student residence hall address: \_\_\_\_\_  
Room# Bldg. Name (MC) Ext.

Campus address: \_\_\_\_\_  
Col./Dept. # Dept. Name Room # Bldg. Name (MC) Ext.

University status (circle the one which applies):

- 1 Student: Days and nights    2 Hospital intern/resident    3 Nonsalaried academic
- 4 Student: Nights only        5 Academic                            6 Status support staff (nonacademic)
- 7 Nurse                            8 Other \_\_\_\_\_

Lot usage: 1 Days and nights    2 Nights only    3 Nursing Rotation (50% or less day use)

Parking term required:  
1 Fall, spring, and summer (full year)    2 Fall and spring (academic year)    3 Summer

Primary vehicle: \_\_\_\_\_  
Year Make Model Lic. Plate # State

Alternate vehicle: \_\_\_\_\_  
Year Make Model Lic. Plate # State

Lot choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ Reserved stall? Yes No

PLEASE READ THE FOLLOWING:

I certify the above information to be correct and true and agree to abide by the regulations governing parking on UIC property, a summary of which is included with the parking assignment.

I understand that I am responsible for parking fees for this assignment until the expiration date unless cancelled by me in accordance with parking regulations.

I authorize the University of Illinois at Chicago to tow and store, at my expense, any vehicle registered, owned, or operated by me that is parked in violation of campus parking regulations or posted signs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Car pool member? Yes No

If yes, name and i-card number or social security number of member \_\_\_\_\_

Assignment # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pay type: D P I S \_\_\_\_\_

Transfer date \_\_\_\_\_

New assignment # \_\_\_\_\_

Renewal code \_\_\_\_\_

Seniority date \_\_\_\_\_

Rtnd \_\_\_\_\_ Org \_\_\_\_\_ Dpl \_\_\_\_\_

Log \_\_\_\_\_ Del PC \_\_\_\_\_ Del AISS \_\_\_\_\_

CR \_\_\_\_\_ Refund \_\_\_\_\_ Term \_\_\_\_\_

Date \_\_\_\_\_ Amt \_\_\_\_\_

PDR \_\_\_\_\_ INT \_\_\_\_\_