



P.I.T. Parking Permit Authorization Form

Complete this form **PRIOR** to picking up and paying for your **\$25.00** parking permit.

Please always have your Parking Permit hanging from your mirror face side out when you are parked in the P.I.T. lot.

Student Information | Please Print Clearly

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Vehicle Information | Please Print Clearly

Make: _____ Model: _____ Color: _____

License Plate #: _____ Registered State: _____

Student Signature: _____ Date: _____

P.I.T. Signature: _____ Date: _____

Permit #: _____

By checking this box, I certify that I have read, understand, and will comply with the P.I.T. parking policy.