

Minnesota State University, Mankato
Parking Permit Registration and Receipt

Please Print Legibly and Firmly

Name _____
(Last) (First) (Middle)

Tech I.D.# _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Circle One Letter E-mail: _____

STUDENT

- A. Gage Residence Hall
(Must be living there.)
- B. McElroy/Crawford/Sears Residence Hall
(Must be living there.)
- C. Off-Campus

EMPLOYEE

- D. Faculty/Staff
- E. Bookstore Employee
- F. Dining Service Employee
- G. Retired University Employee/Faculty Emeriti
- H. Foundation/Alumni Board Member
- I. Other (specify _____)

List All Vehicle License Numbers

	State		State
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

Permit Color
Requested

I hereby certify that I will comply with the Parking and Traffic Guidelines manual, which I have received.

(If Gold, state what lot)

Signature

Date

Parking rates and policies available on the web at:
www.mnsu.edu/parking

University Use				
Permit No.	_____			
Color	_____			
Key Code	S	Ex	R	C
Term Code	3 Fall	5 Spr	1 Sum	
Date	_____		Time	_____
Staff	_____			

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