

# Student Parking Request Form –ROBERT STREET RAMP

Type of Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID# \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Rotation End Date: \_\_\_\_\_

**Vehicle #1**

Color: \_\_\_\_\_ Year: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
License Plate #: \_\_\_\_\_

**Vehicle #2**

Color: \_\_\_\_\_ Year: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
License Plate #: \_\_\_\_\_

Permit Month: \_\_\_\_\_ Permit Month: \_\_\_\_\_  
Permit Month: \_\_\_\_\_ Permit Month: \_\_\_\_\_

**Student Parking Terms and Conditions:**

- All Students must complete a parking application if they wish to park.
- All Students must park on level G (**Top Level**) in the North Ramp their first day and will then be assigned to the **West Ramp**.
- Student discount parking is \$10.00, per vehicle, per calendar month and must be paid in advance.
- All student day shift parking is in the Robert Street Ramp located on Robert St. and University Ave. You must enter the ramp from Robert Street.
- Evening parking is available in the East Ramp beginning at 2:20pm Monday-Friday and all day on the weekends.
- Students who have “long calls” or “long shifts” are required to follow the existing guidelines. There will be no special access allowed anywhere on campus. You may move your vehicle closer to campus during the afternoon shift if you wish.
- Parking is on a first come, first served basis. **YOU ARE NOT GUARANTEED A PARKING SPACE.**
- If there is no space available in the designated area, you must find parking elsewhere at your own expense. We **DO NOT** validate parking for students who choose to park on campus.
- Parking permits are not transferable.
- Only one ID will be issued per contract. There is a \$10.00 replacement fee for a lost ID.
- Students must notify the Parking Office of any changes in status or automobile information changes.
- Parking contracts may be cancelled for violation of parking regulations.
- Contract holders may park one vehicle at a time in their assigned areas at their own risk of any fire, theft or damage to their vehicles or contents of same.

***\*\*I have read and understand the parking responsibilities and agree to abide by them. \*\****

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Student Parking Authorization**

**Department Manager's Signature:** \_\_\_\_\_  
(Must be signed by the Department Manager)

**Department:** Graduate Medical Education      **Phone:** 651-254-1504      **Position:** Program Associate