



PARKING REGISTRATION

NAME _____

SCHOOL ID# _____

PHONE _____

DL STATE _____ # _____

MAKE _____ MODEL _____

YEAR _____ COLOR _____

STATE _____ PLATE# _____

VIN# _____

I FULLY ACCEPT THE RESPONSIBILITIES OF THIS PARKING
PERMIT AND UNDERSTAND THE LCU PARKING POLICY

PERMIT NUMBER

PERMIT TYPE

KATIE ROGERS

JOHNSON HALL

MABEE HALL

APARTMENTS/
COURTYARDS

REC CENTER HOUSING

COMMUTER

TALKINGTON NURSING

FACULTY STAFF