



SIMMONS COLLEGE PARKING - EVENING STUDENT PERMIT FALL 2006-07

CAMPUS CARD OFFICE MCB E-007, 300 THE FENWAY, BOSTON, MA 02115-5898 (617)-521-2886

SIMMONS ID NUMBER _____ DEPT/PROGRAM _____

OWNER IF DIFFERENT THAN DRIVER: _____

DRIVER'S NAME _____

OWNER'S NAME _____

STREET ADDRESS _____

OWNER'S ADDRESS _____

CITY, ST, ZIP _____

HOME PHONE _____ CAMPUS PHONE _____

OWNER'S PHONE _____

CELL PHONE _____ EMAIL _____

CHECK ALL THAT APPLY:

- FULL-TIME
- PART-TIME

- GRADUATE
- UNDERGRADUATE

AUTOMOBILE INFORMATION	PLATE NUMBER	STATE	MAKE (FORD, HONDA, ETC.)	MODEL (TAURUS, ACCORD, ETC.)	TYPE (SEDAN, WAGON, ETC.)	COLOR
FIRST AUTOMOBILE						
SECOND AUTOMOBILE						

I HAVE READ AND UNDERSTAND THE SIMMONS COLLEGE PARKING POLICY, RULES AND REGULATIONS. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE RULES AND REGULATIONS MAY RESULT IN THE REVOCATION OF PARKING PRIVILEGES.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY: PERMIT # _____ <input type="checkbox"/> EVE M T W TH F <input type="checkbox"/> SAT+ M T W TH F	QUANTITY _____	COST _____	NOTES: DATE REC'D _____ <input type="checkbox"/> REGISTER <input type="checkbox"/> ACCESS <input type="checkbox"/> MAILED
	<input type="checkbox"/> CASH	STORE CREDIT _____	
	<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CHARGE	TOTAL _____	

BILLING INFORMATION

I would like to purchase the following:

- SATURDAY PLUS (FRIDAY AFTER 5PM – SUNDAY CLOSE) \$120 PER SEMESTER

SEMESTER EVENING PERMIT

- 1 DAY OF THE WEEK \$80 PER SEMESTER
- 2 DAYS OF THE WEEK \$160 PER SEMESTER
- 3 DAYS OF THE WEEK OR MORE \$240 PER SEMESTER

I WOULD LIKE DAY PARKING ON:

MON TUE WED THR FRI

Amount of Payment _____

I have enclosed my check, payable to Simmons College.

Please bill my credit card:

Type of card (check one): Visa® MasterCard® Discover®

Name on Card _____

Billing Address _____

City, State, and ZIP _____

Credit Card Number _____

Expiration Date _____

Amount of Payment \$ _____

Authorized Signature (must match name of cardholder) _____ Date _____

Please charge my credit card for the amount indicated.

Upon receipt of payment, we will mail a parking permit to your home address and add the electronic parking coupons to your Simmons ID.

Please FAX to (617) 521-3177 or mail to: Simmons College, Campus Card Office, 300 The Fenway, Boston, MA 02115-5898