

STU SUM 08

SIMMONS COLLEGE SUMMER 2008 PARKING PERMIT APPLICATION

CAMPUS CARD OFFICE, MCB E-007, 300 THE FENWAY, BOSTON, MA 02115-5898 617-521-2273

CHECK ALL THAT APPLY: SIMMONS ID NUMBER _____ DEPT/PROGRAM _____ OWNER IF DIFFERENT THAN DRIVER: _____

FULL-TIME DRIVER'S NAME _____ OWNER'S NAME _____

PART-TIME STREET ADDRESS _____ OWNER'S ADDRESS _____

UNDERGRADUATE CITY, ST, ZIP _____

GRADUATE HOME PHONE _____ CAMPUS PHONE _____ OWNER'S PHONE _____

CELL PHONE _____ EMAIL _____

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"/> WEEKLY <input type="checkbox"/> ALL DAY <input type="checkbox"/> DAY/WK <input type="checkbox"/> EVE ONLY M T W TH F SAT SUN	QUANTITY _____ COST _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CHARGE	STORE CREDIT _____ TOTAL _____	NOTES: DATE REC'D <input type="checkbox"/> REGISTER <input type="checkbox"/> ACCESS <input type="checkbox"/> MAILED
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BILLING INFORMATION

I would like to purchase the following:

PARKING MORE THAN 2 DAYS-OF-THE-WEEK? PLEASE PURCHASE WEEKLY PERMIT (LEFT)

WEEKLY PERMIT (SEVEN CONSECUTIVE DAYS)

ALL DAY
 _____ WEEKS X \$30/WEEK = _____

ALL DAY
 _____ WEEKS X \$25/WEEK = _____

DATES NEEDED:

FROM _____ TO _____

DAY-OF-THE-WEEK PERMIT (NOT AVAILABLE FOR SINGLE MEETING OR SINGLE WEEK COURSES)

1 DAY OF THE WEEK \$10 X _____ WEEKS IN SESSION = _____

2 DAYS OF THE WEEK \$20 X _____ WEEKS IN SESSION = _____

1 EVE OF THE WEEK \$8 X _____ WEEKS IN SESSION = _____

2 EVES OF THE WEEK \$16 X _____ WEEKS IN SESSION = _____

I WOULD LIKE PARKING ON:

MON TUE WED THR FRI SAT SUN

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