STUDENT PARKING REGISTRATION **PERMIT NO.**_____

SAFETY & SECURITY OFFICE
OBERLIN COLLEGE

VEHICLE INFORMATION

License Plate No._____ State_____
Make_____ Model_____
Year_____ Color_____ Body Type_____ Auto Insurance **Y/N**

STUDENT INFORMATION

Name_____ Campus Phone_____
School ID No._____ OCMR No._____
Campus Address_____
Home Address & Phone_____

Academic Year_____ Class Year_____

By signature below, I acknowledge receipt of the parking regulations and agree to comply with them.

SIGNATURE_____ **DATE**_____

FEE_____
PURCHASED ON_____ EXPIRES ON_____
PERMIT TYPE_____ LOT RESTRICTION_____