



University of St. Thomas  
Application for **STUDENT** Motor Vehicle Permit

Name: \_\_\_\_\_  
Last First M.I.

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Description of Vehicle:  
License  
Plate# Make Model Year Color State

Description of Vehicle:  
License  
Plate# Make Model Year Color State

Description of Vehicle:  
License  
Plate# Make Model Year Color State

I have read and understood the student registration and parking regulations of the University of St. Thomas.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

	Date Issued	Permit No.
Vehicle 1		
Vehicle 2		
Vehicle 3		

Prox Card Number: \_\_\_\_\_ UST ID Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_