



SPECIAL PARKING PRIVILEGE REQUEST

REQUESTOR INFORMATION

Name (Last)	First	Middle	Student Number	Email Address
Local Address (Street)	Local Address (City)	Local Address (State/ZIP Code)	Phone Number	
Current Vehicle Permit Number	Student Status (Please indicate only one)			# of Credits This Semester
	FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Grad <input type="checkbox"/> Other <input type="checkbox"/>			
Department/Organization/Business	Building/Location of Request	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	

VEHICLE INFORMATION

License Plate Number	Year	Make	State	Model

REASON FOR REQUEST

- If for MEDICAL REASONS, provide only your valid disability placard or disability plate number and state in which it is issued below.
 - For ALL OTHER REQUESTS, please provide reason for request below.

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CLASS SCHEDULE

Complete class schedule below. Include class, time, and building (do not abbreviate):

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

If your employment is through a **non-university** employer:

- Obtain a letter on employer's letterhead that includes your schedule and responsibilities
- Include your employer's name, signature, date of signing and phone number
- Submit the requested letter and Page 1 of this form to:

**MSU Police Department
 Parking Services
 1120 Red Cedar Road
 East Lansing, MI 48824**



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If you are **employed by Michigan State University**, your supervisor/director must complete the following information and submit pages 1 and 2 to MSU Police Department, Parking Services.

Department Name		Department Address		Department Phone Number
Faculty/Staff member making request for student			Title	E-mail Address
Signature of Faculty/Staff member making request for student				Date Signed
Student's work schedule (provide times and locations)				
Monday	Tuesday	Wednesday	Thursday	Friday

It is my opinion that the listed requester needs to obtain special parking privileges in order to fulfill their employment responsibilities. It is requested they be able to park at or near the following location(s):

Requested Locations			
Reason for Request			
Department Chair or Unit Administrator		Title	E-mail Address
Signature of Department Chair or Administrator member approving request			Date Signed

ADMINISTRATIVE SECTION

Received By	Date	Disposition	Expiration Date
		Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Privileges Approved		Reason for Denial (if applicable)	