Application for a College Parking Permit
2018/2019

Name ________________________________ Email: __________________

Course ________________________________ Year (i.e 1st/2nd/3rd etc) ______

Car Details
Make ________________________________ Model __________________________

Registration Number __________________ Colour __________________________

Vehicle Location
College (Mare’s Run) _________________________________________________

Other Address _______________________________________________________

Reason for Request
(please tick one and then give reasons below)

Medical reasons o Compassionate grounds o
(Doctors letter required)

Tutorial reasons o Sport o

Signed ____________________________ Date _____________________________

Please return this form to the Tutorial Office.
All parking on College grounds is at the car owner’s risk.

For Senior Tutor’s use only
Allowed o Refused o Date ____________________________________________

Conditions (if any):