

# MassArt Day Student Parking Application

*Fall* \_\_\_      *Spring* \_\_\_

Date: \_\_\_\_\_ MassArt ID#: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Residential Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

MassArt E-mail: \_\_\_\_\_

Year in school (please circle): Part-time/CE/Certificate    Freshman    Sophomore    Junior    Senior    Graduate

License Plate	State	Make (Ford, Honda, etc)	Model (Taurus, Accord, etc)	Year	Color

**Prioritize days using the numbers 1-5 with 1 being your first choice.**

Mon \_\_\_\_\_      Tue \_\_\_\_\_      Wed \_\_\_\_\_      Thu \_\_\_\_\_      Fri \_\_\_\_\_

OTHER INFORMATION (please briefly describe any other information pertinent to your driving/parking needs. Please indicate here if you are contacting Elizabeth Freedman-Smith):

**INFORMATION:**

- Applicant must be an enrolled MassArt commuter student.
- **A class schedule for the semester you are applying for MUST be submitted with the completed application for the application to be considered.**
- Commuter student parking will be available 7am-11pm.
- A submitted application does not guarantee parking and parking is awarded on a per semester basis.
- The commuter student parking fee is **\$50 per day assigned for the semester** payable by check or money order only to the Residences at MassArt.
- If you have a special request due to medical need, please contact Elizabeth Smith-Freedman at [esmith-freedman@massart.edu](mailto:esmith-freedman@massart.edu)

**AUTHORIZATION**

I hereby verify that all information on this application is true and accurate.

I understand that:

- **Any false information provided will automatically disqualify my application for parking for the semester indicated.**
- **I understand that all permits and parking rights are non-transferable.**
- **No refunds will be issued after the add/drop deadline.**
- **I am authorized to park ONLY for the days I have been awarded parking and ONLY in the lot I have been assigned.**
- **The parking permit I will be issued must be returned at the end of the semester.**

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

<b>For office use only:</b>  Date Received: _____  Date Notified: _____  In PB: _____    Activated: _____	Permit Number: _____  Dates Awarded: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___  Lot Assigned: _____      Total Due: _____	Check/MO number: _____  Name: _____
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