## THE UNIVERSITY OF KING'S COLLEGE PARKING APPLICATION

Date		<del></del>
Faculty/Staff	Student	Other
Name	Banner ID	
Phone Number	Email Address	
Address during School Term		
Vehicle year/make/model & plate #		
	TRAVEL DETAILS	
Distance traveled to get to King's		
Bus route avai	lable? Yes	No
If on bus route, pleas	se provide details of trave	el time, transfer, etc:
Because parking is limited at King re	's, permits are granted or	n the basis of need. Please provide