



**GRADUATE/MEDICAL STUDENT  
APPLICATION FOR ASSIGNED OVERNIGHT PARKING**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Brown ID \_\_\_\_\_ Campus Box No. \_\_\_\_\_ Telephone/Ext. \_\_\_\_\_  
 Email Address \_\_\_\_\_ Residence Address \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Disabilities (include disability sticker #): \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Permanent \_\_\_\_\_  
 Vehicle Information: Plate # \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Color \_\_\_\_\_ Year \_\_\_\_\_ Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Payments	The fee for an Undergraduate Student Overnight Parking Permit is a flat fee determined annually by the University, and payable in its entirety regardless of whether the student uses it for all nine months of the academic year or not. The fee is paid by billing the permit holder's Student Account. The fee will be posted to the student's account in the September bill.
Acknowledgement & Authorization	<p>As a Brown University parking permit holder, I understand that permission to use the parking facilities is issued for the nine-month academic year and is contingent upon my abiding by the rules and regulations set forth in the Brown University Parking Information Brochure (the "Brochure"). I acknowledge that I have received and read a copy of the Brochure and agree to comply with all parking rules and regulations. I further understand that my parking privileges may be suspended or revoked for any violation(s) of the rules and regulations. I understand that parking is provided at the sole risk of the owner of the vehicle and acknowledge that use of the Brown University parking facilities constitutes an agreement between me and the University that the University shall not be responsible or liable for any loss or damage to the vehicle, its accessories, or contents resulting from theft, fire, collision, vandalism, acts of nature or any other cause and I hereby release Brown from any such responsibility or liability.</p> <p>I authorize the University to bill to my Student Account the fee for the parking permit. I further authorize the University to bill my Student Account for any amount due and owing as a result of unpaid parking tickets issued to me or my vehicle by the University for violations of University parking rules and procedures as outlined in the Brown University Parking Information Brochure. I acknowledge that the amount of any fines not paid within twenty-one (21) days of issuance of a notice of a parking violation (whether by ticket or other form of notice) will be added to my Student Account. I understand that if I should dispute that I was in violation of the University parking rules and procedures, I may appeal the fine to the Parking Appeals Board within seven (10) days of issuance of the notice and a decision will be rendered within fifteen (15) business days after appeal has been received.</p> <p>X _____ Date _____        Signature of Permit Holder</p>

**Graduate/Medical Student Overnight Parking Permit Rate: \$615.00**

*Parking Office Use Only:*

Date Received	
Date Entered	
Lot	
Permit Number	