



Carroll University
Department of Public Safety

Date / /

Commuter Student Parking Application - 2025/2026

Commuter Student Information

First Name	Last Name	Middle Initial
Student ID #	Cell Phone #	Carroll Email

Mailing Address (Address you want your commuter parking permit mailed to:)

City	State	Zip
------	-------	-----

Vehicle Information

Plate	State	Year	Make	Model	Color
-------	-------	------	------	-------	-------

Commuter permits are not valid on campus between 2:00a.m.-6:00a.m.

By signing & submitting this form, I hereby agree to comply with the terms and conditions regarding parking on the Carroll University campus as outlined in the student handbook and as posted on the Public Safety website. I also certify that at the time of the application all information provided is correct. **I understand that the permit being issued to me, is non-transferable.**

Signature	Date / /
-----------	------------------------

If you have more than one vehicle, a separate application is needed for each vehicle. If you have any questions, please contact Public Safety at 262-524-7300 or refer to the Department of Public Safety website at: www.carrollu.edu/public-safety.

Below for office use only

Date Issued	Issued By	Permit Number
-------------	-----------	---------------