

# UNIVERSITY OF BEDFORDSHIRE

Department of Estates

## APPLICATION FOR STUDENT CAR PARK PERMIT DISABLED PARKING

PLEASE PRINT

Name	
Address during studies	
	Postcode
Home address	
	Postcode
Course	Campus
Course start date	Finish date
Contact telephone no. during studies	Home telephone no.
Email	
Student No	<b>P</b> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PLEASE TICK
Vehicle Registration Numbers	
Make of Vehicles	
<p><b>I attach a photocopy of my blue badge.</b></p> <p>I agree to display the car park permit at all times.</p> <p>I understand that the permit is issued for my use only and is not transferable and if misused will lead to permission to park being withdrawn.</p> <p>I agree to abide by the University of Bedfordshire Car Parking Policy (<i>copies available on Estates Intranet site</i>).</p> <p>Signed _____ Date _____</p>	
<b>Leavers</b> Students ceasing their studies must return permit key/barrier card to	
<b>FOR OFFICIAL USE ONLY</b>	
Car Park Permit No	
Car Park Location	
Permit Issue Date	
Issued by	
P.G. Receipt Reference No.	