

Good Shepherd Medical Center Student Parking Registration

Please list information on the cars you may use for transportation to the hospital.

Auto #1 Make _____ Year _____ License Number _____

Auto #2 Make _____ Year _____ License Number _____

Auto #3 Make _____ Year _____ License Number _____

I acknowledge receipt of a Student Parking Pass to be used for parking in designated student parking areas only. I agree to place this parking pass on the front dash of my car when parked on GSMC grounds. At the end of my clinical rotation, I will return this parking pass to my instructor.

Student Name (Printed)

Date

Last 4 SS#

Student Signature

Instructor Signature