

Hillcrest Hospital Student Temporary Parking Permit

School: _____	Circle Days at Hillcrest: M/T/W/TH/F	
Start Date: _____	End Date: _____	
Instructor Name: _____	Phone Number: _____	
Instructor Email Address: _____		
Department at Hillcrest they will be utilizing: _____		

**** Completed Form must be emailed to: lsanders@ccf.org (Lori Sanders) prior to Students First Day at the Hospital. I will prepare a Parking Placard for each Student and will email them back to the Instructor. The Instructor will print & pass out Placard to Students to display on their dashboard of vehicle for their rotation.**

Badge Access will also be issued for the Students.

PLEASE MAKE SURE TO DISPLAY PARKING PLACARD OR VEHICLE CAN BE BOOTED & WILL COST A FEE OF \$150.00 FOR REMOVAL.

**** Students are permitted to park across the street from the Hospital, behind the Medical Buildings (HMB 1&2) on either the 2nd or 3rd floor of Parking Garage.**

CCF #	LAST	FIRST	Make of Car	Model of Car	Year of Car	License Plate #	Security use

All Sections MUST be filled out completely!!!

*****Please Print Clearly*****