



**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.**

All Sections MUST be filled out completely!!!

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