



LAMAR STATE COLLEGE ★ PORT ARTHUR

Student Parking Application

20 ____ to 20 ____

Name: _____

(PLEASE PRINT)

Student ID #: _____

License Plate #: _____

Decal #: _____

(FOR OFFICE USE ONLY)

Make: _____

Model: _____

Color: _____

Permanent Address: _____

City: _____

State: _____

Zip: _____

I understand that any false statement on this application will make me subject to penalty fee and/or disciplinary action. I acknowledge I have received a copy of the Lamar State College-Port Arthur Parking Regulations Pamphlet.

Signature: _____

Date: _____

You must have your Parking Fee & Tuition PAID
AND your license plate number
in order to receive your parking decal.