Northview High School
Student Parking Application Change Form

Print all information. Today's Date: _____ Permit Number: _____

Student Driver's Full Name: _____
First Middle Last

Student's Current School Grade for 2012-2013:_____

Student's Complete Current Street Address (No P.O. Boxes):

_____

_____
City State Zip

Student's Driver's License Number: _____ / _____
(D/L Number) (Issuing State)

Auto Insurance Company Information: _____
(Provide copy of insurance card for each vehicle.) (Name of Company)

Auto Insurance Co. Phone Number: (_____)_____

Auto Policy Number: _____

Update **ALL** information for vehicles that the student is authorized to drive. (Provide copy of registration for each.)

Year	**Make and Model**	**Color (Be specific)**	**Tag Number**	**State**	**Registered Owner's Name**

_____ _____
Student's Signature Parent/Guardian's Signature

Provide two working phone numbers for parent/guardians (_____)_____

(_____)_____

All Parking Lot rules and regulations from original permit application still apply.

Revised 10/16/2012

Office Use Only
_____Change Entered
_____ Approved By (Initials)