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| NH Safety-Security Logo | 1000 Johnson Ferry Road  Atlanta, GA 30342 |

Parking Request Form – Meridian Mark Temporary Lot

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| --- | --- | --- | --- | --- |
| **Student Name** |  | | | |
|  | (Print Full Legal Name) |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Student ID #:** |  | |  | **Hang Tag #** | |  |
|  |  | |  | (Completed when sticker/tag given out) | | |
| **Clinical Training Start Date:** | |  | | |  | |

|  |  |
| --- | --- |
| **School Name/Program\*:** |  |
| **Unit Assigned:** |  |
| **Work Address\*\***: |  |
| **Cell Phone Number:** |  |

**Are you assigned to weekend shifts?  Yes  NO**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Tag Numbers:** | |  | | | **Make:** |  |
| **Model:** |  | | **Color:** |  | | |

All information requested above is required by Security/Parking. Please complete and email to [ptcare.students@northside.com](mailto:ptcare.students@northside.com).

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| **Student Signature:** |  | | | |
| **NSH Student Liaison Signature:** | |  | **Extension:** |  |