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

Parking Request Form – Meridian Mark Temporary Lot

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

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

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