

GRADUATE MEDICAL EDUCATION
PARKING IDENTIFICATION DATA/INPUT CARD

SHADED AREA – FOR OFFICE USE ONLY

PLEASE PRINT

CARD NUMBER	LAST NAME			FIRST NAME			MIDDLE INITIAL
DEPARTMENT				ROTATION DATES – FROM TO:			
ACCESS CODES:							
ENTITY CODE:	ENTITY NAME:						
VEHICLE 1 DATA:	MAKE			YEAR	LICENSE NUMBER	STICKER NUMBER	
VEHICLE 2 DATA:	MAKE			YEAR	LICENSE NUMBER	STICKER NUMBER	