

MARIAN UNIVERSITY
Indianapolis®
Marian University Police Department

2025-2026

Parking Permit Form

*All Fields Required

Office use only

Permit # _____
Employee # _____
Vehicle in Colleague _____
Charged \$ _____

*Marian ID # _____

*First Name(s) _____ MI(s) _____ *Last Name(s) _____

Students: A charge (if applicable) will be added to your student account for the amount according to your enrolled academic program. Undergraduate academic year prices: **Resident:** \$320 **Commuter:** \$220 **Cycloplex Shuttle:** \$150

- **Cycloplex permit holders must park at the Indy Cycloplex 8:00a-5:00p M-F while undergraduate semesters are in session, but may park in Commuter parking lots all other times (evenings, weekends, breaks, and holidays).**
- Permits may be returned between the fall and spring semesters (12/31/25) for a half refund. Permits purchased after the fall semester will be charged half of the listed amount.

Student 2025-2026 permits will expire August 15, 2026.

***Permit Type (Please checkmark):**

High School: _____ High school advance study (**Commuter**)

Undergraduate: _____ Traditional Student **→ Circle one: Resident Commuter Cycloplex Shuttle**

_____ St. Joseph's College **→ Circle one: Resident Commuter Cycloplex Shuttle**

_____ ABSN or Online/Hybrid program (**Cycloplex Shuttle**)

Graduate: _____ **Overlook** Apartments resident – (mutually exclusive with other graduate permits)

_____ Indianapolis Teaching Fellows (**Cycloplex Shuttle**)

_____ Leadership Academy **→ Circle one: Commuter Cycloplex Shuttle**

_____ Medical years 1 & 2 (**COM 1/2**)

_____ Medical years 3 & 4 (**Clinical**)

_____ Online or Hybrid Program (**Cycloplex Shuttle**)

_____ Other on-campus program (specify) _____ **Circle one: Commuter Cycloplex Shuttle**

Employee: _____ **Faculty / Staff**

_____ **Aramark**

_____ Allison Mansion Drive – Must be on approved list prior to submission.

_____ Evans Center Permit – Must be on approved list prior to submission.

Vehicle Information (all fields required):

2nd Vehicle (optional):

*License Plate: _____ *State: _____

License Plate: _____ State: _____

*Vehicle Year: _____ *Make: _____

Vehicle Year: _____ Make: _____

*Color: _____ *Model: _____

Color: _____ Model: _____

*Contact Phone: _____

By signing, I understand that it is my responsibility to read and abide by the latest published Parking and Traffic Regulations brochure, available at marian.edu/campus-life/campus-safety, or printed copies available in the Office of Campus Safety and Police Services, and that these policies are subject to change by the university at any time.

Signature: _____

Date: _____