

2008-2009 STUDENT PARKING @ SIMMONS COLLEGE

ELIGIBILITY

To purchase part-time parking, students must first meet the following conditions:

1. Must live more than 1.5 miles away from Simmons College. A straight-line radius drawn from Simmons determines the 1.5-mile limit; it is not based on driving distance.
2. Must be registered for classes - registration may be confirmed by logging into [AARC](#) or calling the Registrar at 617-521-2100.
3. Must be cleared by [Student Financial Services](#) - a semester tuition bill is considered cleared if the tuition has been paid in full or if financial aid covers all costs. To confirm that you are cleared, please call Student Financial Services at 617-521-2009.
4. Must know the license plate number of each car that you intend to drive.
5. Must have a Simmons Proximity ID card (vertical orientation).

PERMITS AVAILABLE:

Semester Permit: Semester permits cost \$300 each semester and allow entry to the garage during any open hours throughout the semester. Overnight parking is not permitted. To qualify, students must be taking a full course load as defined by the Registrar: 12 credits or more for undergraduates and 9 credits or more for graduate students. Fall VALID: 9/3 – 12/18/2008. Spring VALID: 1/20-5/15/2009

ParkingCash: Through our prepaid daily parking program, commuters may enter the garage during any open hours and will be charged only for the number of hours parked. Enrollment in the program requires activating your new proximity Simmons ID Card (vertical) for student parking rates and adding ParkingCash to your card. ParkingCash does not expire but usage may be suspended for eligibility issues.

Daily Student Rates

0 - 2 hours: \$2.00

2 - 3.5 hours: \$4.00

3.5 - 5 hours: \$6.00

Over 5 hours: \$8.00

Entry after 5PM and weekends: \$4.00

Please Note: To enter the garage, ParkingCash users must have at least one full day's worth of parking available. Your ParkingCash balance is displayed in the pay-station lanes upon exit.

PURCHASING PERMITS

BY MAIL OR FAX

Please complete our order form to order by mail or fax and then mail payment to the address at the bottom of the form or fax to our fax number, 617-521-3177.

AT OUR OFFICE

Parking Permits are available for purchase in the Campus Card Office at MCB E-007 during our office hours:

Monday, Tuesday, Friday: 8:30am – 4:30pm

Wednesday, Thursday: 8:30 – 6:00pm

We accept payment by cash, check, debit, MasterCard, VISA, and Discover.

CAMPUS CARD OFFICE – PARKING PERMIT SALES

Main College Building E-007
<http://my.simmons.edu/parking>

(t) 617-521-2273
commute@simmons.edu

STUDENT PARKING

Simmons College Parking Application 2008-2009
Campus Card Office, MCB E007, 617-521-2273

Driver Info

Simmons ID _____ Dept/Program _____

Name _____ Phone _____

Email _____

Status: Full-Time Part-Time

Car Owner (if not driver)

Name _____

Phone _____

<u>Auto Info</u>	<u>Plate</u>	<u>State</u>	<u>Make</u> (Ford, Honda, etc.)	<u>Model</u> (Taurus, Accord, etc.)	<u>Type</u> (2door, SUV, etc.)	<u>Color</u>
CAR 1						
CAR 2						

Choose a Permit

① Update ID

The Simmons garage uses proximity card readers to enter and exit. You must have a proximity ID (vertical) to park.

I have a proximity ID

I will exchange my ID in the Campus Card Office

② Select a Permit

Semester Full-Time: \$300

ParkingCash: \$ _____

Authorization

③ I have read and understand the Simmons College parking policy, rules and regulations as listed at <http://my.simmons.edu/parking>. I understand that failure to comply with these rules and regulations may result in the revocation of parking privileges.

Signature _____

Date _____

For Office Use ONLY: DATE REC'D _____	PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CHARGE	NOTES	<input type="checkbox"/> CLEAR <input type="checkbox"/> REGISTER <input type="checkbox"/> MAIL <input type="checkbox"/> DB/AMANO
--	--	--------------	---

Mail Order/Fax Section

④ PAYMENT:

- I have enclosed my check, payable to Simmons College.
 Please bill my credit card:

Card Type: Visa® MasterCard® Discover®

Name on Card _____

Billing Address _____

City, State, and ZIP _____

Credit Card Number _____

Expiration Date _____

Amount of Payment \$ _____

⑤ PICKUP/DELIVERY:

- I will pick up the permit at your office
 Mail the permit to my home address on file with the Registrar

⑥ MAIL APPLICATION TO:

Simmons College
Campus Card Office
300 The Fenway
Boston, MA 02115-5898

FAX APPLICATION TO:

617-521-3177

Authorized Signature (must match name of cardholder) **Date**
Please charge my credit card for the amount indicated.