

COLLEGE ID CARD FORM – Section 1

Last Name: _____ First Name: _____ Middle Initial: _____

PTC ID (P#): _____ Phone: () _____

Address: _____ City _____ State _____ Zip: _____

Please Check One:

PTC Student Faculty/Staff Community Borrower Student at another college _____

If you are a **Nursing** or **Allied Health Sciences** student, please check your program below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cardiovascular Tech | <input type="checkbox"/> Medical Lab Tech (MLT) | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Dental Hygiene (DH) | <input type="checkbox"/> Nursing (ADN) | <input type="checkbox"/> PTA |
| <input type="checkbox"/> Health Info Mgt (HIM) | <input type="checkbox"/> Nursing (LPN) | <input type="checkbox"/> Radiologic Tech |
| <input type="checkbox"/> Health Unit Coordinator | <input type="checkbox"/> Nursing Assistant | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> OTA | <input type="checkbox"/> Surgical Technology |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Patient Care Tech | <input type="checkbox"/> Veterinary Technology |
| <input type="checkbox"/> Medical Coding | <input type="checkbox"/> Pharmacy Tech | |
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PARKING STICKER FORM – Section 2

Recognizing that many students and employees drive more than one vehicle, PTC offers additional parking stickers at no charge. Please enter a tag number for each sticker that you need.

Vehicle 1

Tag#: _____

Vehicle 2

Tag#: _____

Vehicle 3

Tag#: _____