



Office Use Only Decal Type:

FACULTY & STAFF PARKING PERMIT APPLICATION

Office Use Only Permit No., Temp No., Exp. Date., Receipt No.

PLEASE PRINT CLEARLY

NAME: Last First Middle

Home Address: Street City State Zip Code

Email Address Employee ID Number:

Home Number: Campus/Cell Number:

Please Check One:

Faculty Staff Contractor Temp

Vehicle Info: STATE - License Plate # Color Year Make Model

Vehicle Info: STATE - License Plate # Color Year Make Model

Vehicle Vin Number:

IN WHOSE NAME IS THE VEHICLE REGISTERED WITH AT THE DEPARTMENT OF MOTOR VEHICLES?

Name: Relationship:

Address: Street Address City State Zip Code

ATTENTION: PLEASE READ AND CHECK ALL THAT APPLY BEFORE SIGNING.

- I have received the University Parking Guide with the list of parking locations and designations. I will read the material. I prefer not to have a printed copy of the University Parking Guide but will use the online guide to University parking online.

PRINT NAME: Signature: Date: