Syracuse University 2015-2016 STUDENT Parking Application

A current Vehicle Registration must be shown or copy enclosed at point of returning application to our office. A valid Syracuse University I.D. or official University document containing your I.D. number is required when registering the vehicle.

Print all information clearly and include your signature. Incomplete forms will not be processed! All citation balances must be paid before permits will be issued.

Today's Date: _______________________

1. Personal Information
☐ Resident of campus housing or ☐ Commuter

Name (Last, First, Middle):
_____________________________________________

Current or Campus Address: ______________________
_____________________________________________

Permanent Address: ____________________________
_____________________________________________

Program of Study: ______________________________

SUID #: _________________________________
Permanent Phone #: _________________________________
Cell Phone #: _________________________________
Email Address: _________________________________

Class Level: ☐ Freshman* | ☐ Sophomore
☐ Junior | ☐ Senior | ☐ Grad

*Resident freshmen must be pre-approved by the director before bringing a car to campus. View the Freshman Parking Policy on the Parking and Transit Services website.

2. Permit Information - Lot Location Choice:
1st Choice: ___________________ 2nd Choice: ___________________ 3rd Choice: ___________________

Permit Duration
☐ Fall Only, expires 12/31/2015 ☐ Academic Year, expires 5/15/2016 ☐ Full Year, expires 8/31/2016 ☐ Spring Only, expires 5/15/2016

3. Vehicle Information

<table>
<thead>
<tr>
<th>State</th>
<th>Plate</th>
<th>Make</th>
<th>Model</th>
<th>Style (i.e. 4-door, hatchback, SUV)</th>
<th>Color</th>
<th>Year</th>
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4. Payment Information - Select one:
☐ Personal Check (to Syracuse University)
☐ Please bill to my Bursar Account.
☐ Credit/Debit Card. *If choosing the credit card method, you must either call the Parking and Transit Services office at 315-443-4652 or visit the Parking and Transit Services office in person to provide this number.

5. Certification: I UNDERSTAND THAT PARKING IS AT MY OWN RISK AND THAT I AM RESPONSIBLE FOR ALL SYRACUSE UNIVERSITY PARKING RULES AND REGULATIONS. X _________________________________

[Office Use Only]

STUDENT
Lot: __________________
Issue Date: __________________
End Date: __________________

UID#: __________________
Fee: __________________
Payment Type: __________________
Issued By: __________________

Signature

Place permit sticker here.

When complete, you may submit this form by bringing it to our office in person, or mailing it to Parking and Transit Services, 621 Skytop Road Suite 190, Syracuse, NY 13244. You may also fax the form to 315-443-9227.