

Syracuse University 2016-2017 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.*

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 12/31/2016 Academic Year, expires 5/15/2017 Full Year, expires 8/31/2017 Spring Only, expires 5/15/2017

3. Vehicle Information

| State | Plate | Make | Model | Style (i.e. 4-door, hatchback, SUV) | Color | Year |
|-------|-------|------|-------|-------------------------------------|-------|------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

4. Payment Information - Select one:

Personal Check (to Syracuse University)

Please bill to my Bursar Account.

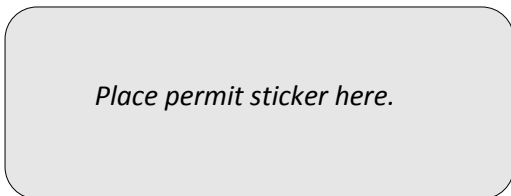
Credit/Debit Card. **If choosing the credit card method, you must either call the Parking and Transit Services office at 315-443-4652 or visit the Parking and Transit Services office in person to provide this number. **If your credit card declines, your parking request will not be processed.***

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 _____

Signature

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.

(Office Use Only)



STUDENT

Lot: _____

Issue Date: _____

End Date: _____

Fee: _____

Payment Type: _____

Issued By: _____

UID#: _____