## Syracuse University 2019-2020 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 formswillnotbe processed!** All citation balances must be paid before permits will be issued.

| 1. Personal I              | nformation  |   |   |                               |                             |                          |              |        |  |
|----------------------------|---|---|---|-------------------------------|-----------------------------|--------------------------|--------------|--------|--|
| □ Resident                 | SUIE  | SUID#:  |   |                               |                             |                          |              |        |  |
| (Last, First,              | Middle):  | Pern  | Permanent Phone #:  |                               |                             |                          |              |        |  |
|                            |   |   | Cell  | Cell Phone #:                 |                             |                          |              |        |  |
|                            | Campus Address:   | Ema   | Email Address:  |                               |                             |                          |              |        |  |
|                            |   | Clas  | Class Level:  |                               | 🗆 Freshman* 🛛 Sophomore     |                          |              |        |  |
| Permanent Address:         |   |   |   | s Levei:                      | 🗆 Junio                     | r 🗆                      | Senior       | □ Grad |  |
| Program of S               | Study:  | a car   | *Resident freshmen must be pre-approved by the director <b>before bringin</b><br><b>a cartocampus<u>. View the Freshman Parking Policy</u> on the Parking and<br/>Transit Services website.</b> |                               |                             |                          |              |        |  |
| 2. Permit In               | formation - Lot Location  | n Choice:                                       |   |                               |                             |                          |              |        |  |
| 1st Choice:                | 1st Choice: 2nd Choice: _   |   |   | 3rd Choice:                   |                             |                          |              |        |  |
| Permit Dura                | tion:   |   |   |                               |                             |                          |              |        |  |
| 🗆 Expires 1                | 2/31/2019 🗆 Expir   | res 5/15/2020 🛛                                 | Expires 8/15/202  | 20                            |                             |                          |              |        |  |
| 3. Vehicle In              | formation: Please provi   | de all current vehicle                          | e information and o   | copy of ve                    | hicle regist                | tration                  |              |        |  |
| State                      | Plate   | Make  | Model   | -                             | i.e. 4-door,<br>ack, SUV)   | Col                      | or           | Year   |  |
|                            |   |   |   |                               |                             |                          |              |        |  |
|                            |   |   |   |                               |                             |                          |              |        |  |
|                            |   |   |   |                               |                             |                          |              |        |  |
| □ Personal                 | <b>Information - Select one</b><br>Check (to Syracuse Un<br>Il to my Bursar Account | iversity) the Pa<br>and T                       | redit/Debit Card. *If<br>arking and Transit Se<br>ransit Services office<br><b>nes, your parking req</b>  | ervices office<br>e in person | ce at 315.4<br>to provide t | 43.4652 or<br>his number | visit the Pa | arking |  |
|                            | t <b>ion:</b> I UNDERSTAND 1<br>E UNIVERSITY PARKIN                                 |   |   |                               |                             |                          |              | ALL    |  |
| Uŗ                         | oon completion, please bri<br>Suite 190   | ng the form to our offi<br>, Syracuse, NY 13244 |   | -                             |                             |                          | . Skytop Ro  | oad    |  |
| Office Use O               | nly)  |   |   |                               | -                           |                          |              |        |  |
|                            |   | STUDENT   |   | Fee:                          |                             |                          |              |        |  |
| Place permit sticker here. |   |   |   |                               |                             |                          |              |        |  |
|                            |   |   |   | Issued By:<br>UID#:           |                             |                          |              |        |  |
|                            |   | End Date:                                       |   |                               | UI                          | J#:                      |              |        |  |