

**Syracuse University Standing ID Account Application Form
For Department Guest Reservations 2020-2021**

Please print all information clearly. Incomplete forms may be delayed in processing.

Department Name: (Full Name, no abbreviations please)

Department Address: _____

Primary Contact Name: _____

Phone and Email address: _____

Additional Authorized Contact Names:

ID # for payment: (Please send original signed ID, required for processing) _____

Please print name of authorized ID signee: _____

**When complete, you may submit this form with original inter-departmental order (ID) by
bringing it to our office in person or mailing it to Parking and Transit Services,
621 Skytop Road Suite 190, Syracuse, NY 13244.**
