

**Syracuse University Standing ID Account Information Form
For Department Guest Reservations 2024-2025**

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: _____ Email Address: _____

Additional Authorized Contact Names:

Please print ID # for payment: _____

Please print name of authorized ID signee: _____

When complete, you may either:

Submit this form and a copy of the ID to: deptguestreservations@syr.edu , bring them to our office in person,
or mail it to: Parking and Transportation Services, 621 Skytop Road Suite 190, Syracuse NY 13244.
