

Syracuse University Monthly Parking Application 2024-25

Last Name: _____
First Name: _____ MI: _____
Address: _____
Email Address: _____ Cell Phone#: _____
Office Phone#: _____

Vehicle Information

Please provide current vehicle information in the field below. You will need to provide a copy of your vehicle registration when you pick up your permit from our office.

State	Plate	Make	Model	Style (i.e., SUV, sedan)	Color	Year

Payment Option

Personal check (to Syracuse University) Credit/debit card (*If choosing this option, you must visit the Parking and Transportation Services Office in person to provide this number.*)

Certification

I understand that parking is at my own risk and that I am responsible for all Syracuse University parking rules and regulations.

Signature: _____

Form Submission

Upon completing this form, you may either submit via email to parkingpermit@syr.edu, bring the form to the Parking and Transportation Office in person, or mail the form to: Syracuse University Parking and Transportation Services, 621 Skytop Road, Suite 190, Syracuse, NY 13244.

For Office Use Only:

Lot Assignment: _____

Fee: _____

Issue Date: _____

Payment Type: _____

End Date: _____

Issued by: _____

UID#: _____

Permit UID#: _____