



Today's Date: _____

Syracuse University Oratorio Parking Application 2024-25

Please note that this permit is only valid in the Quad lot on Mondays after 5 p.m.

Last Name: _____	SUID# (If applicable): _____
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, Permit Fee \$60

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: Oratorio

Fee: \$60

Issue Date: _____

Payment Type: _____

End Date: _____

Issued by: _____

UID#: _____

Permit UID#: _____