



Today's Date: _____

Syracuse University Government ROTC Parking Application 2024-25

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

Vehicle Information

Please provide current vehicle information in the field below.

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

Approval

Which office were you approved by? Air Force ROTC Army ROTC

Name of Approver: _____

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: None

Issue Date: _____

Payment Type: N/A

End Date: _____

Issued by: _____

UID#: _____

Permit UID#: _____