



Today's Date: \_\_\_\_\_

## Syracuse University Student Parking Application 2025-26

*A current vehicle registration must be shown or copy enclosed when submitting this application. A valid Syracuse University I.D. or official University document containing your I.D. number is required to obtain a parking permit. Type or print all information clearly and include your signature. Incomplete forms will not be processed. All citation balances must be paid before permits will be issued.*

### Student Information

☐ Park Point ☐ Campus West

|   |
|---|
| Last Name: _____                          |
| First Name: _____ MI: _____               |
| Current or Campus Address: _____<br>_____ |
| Permanent Address: _____<br>_____         |
| Program of Study: _____                   |

|   |
|---|
| SUID#: _____  |
| Cell Phone#: _____  |
| Email Address: _____  |
| Class year:   |
| <input type="checkbox"/> First-year* <input type="checkbox"/> Sophomore |
| <input type="checkbox"/> Junior <input type="checkbox"/> Senior         |
| <input type="checkbox"/> Graduate                                       |

*\*Resident first-year students must be pre-approved by the director before bringing a car to campus. Review [the first-year parking policy](#) on the Parking and Transportation Services website.*

### Permit Information: Lot Choice

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

**Permit Duration:** ☐ Expires 12/31 ☐ Expires 5/15 ☐ Expires 8/15

### Vehicle Information

Please provide current vehicle information and copy of vehicle registration.

| State | Plate | Make | Model | Style<br>(i.e., SUV,<br>sedan) | Color | Year |
|-------|-------|------|-------|--------------------------------|-------|------|
|       |       |      |       |                                |       |      |
|       |       |      |       |                                |       |      |

### Select Payment Option:

☐ Personal check (to Syracuse University) ☐ Please bill my Bursar account

☐ 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](mailto: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.

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## For Office Use Only:

*Place permit sticker here.*

*Student Lot:* \_\_\_\_\_ *Fee:* \_\_\_\_\_

*Issue Date:* \_\_\_\_\_ *Payment Type:* \_\_\_\_\_

*End Date:* \_\_\_\_\_ *Issued by:* \_\_\_\_\_

*UID#:* \_\_\_\_\_ *Permit UID#:* \_\_\_\_\_