



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

## Syracuse University Consultant 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 <small>(i.e., SUV, sedan)</small>	Color	Year

### Permit Information, Select One:

Colvin Lot, Lally Athletics Complex (\$149 fee)  Surface Lot (\$650 fee)  Garage (\$775 fee, plus \$50 deposit for proxcard; refunded upon return)

### 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](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.

**For Office Use Only:**

*Lot Assignment:* \_\_\_\_\_

*Fee:* \_\_\_\_\_

*Issue Date:* \_\_\_\_\_

*Payment Type:* \_\_\_\_\_

*End Date:* \_\_\_\_\_

*Issued by:* \_\_\_\_\_

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

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