

Syracuse University 2018-2019 STUDENT Parking Application

A current Vehicle Registration must be shown or copy enclosed at point of returning application to our office. A valid Syracuse University I.D. or official University document containing your I.D. number is required when registering the vehicle. 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.

Orange Edge Program

1. Personal Information

Resident of campus housing or Commuter

(Last, First, Middle): _____

Current or Campus Address: _____

Permanent Address: _____

Program of Study: _____

SUID#: _____

Permanent Phone #: _____

Cell Phone #: _____

Email Address: _____

Class Level: Freshman* Sophomore

Junior Senior Grad

**Resident freshmen must be pre-approved by the director before bringing a cartocampus. View the Freshman Parking Policy on the Parking and Transit Services website.*

2. Permit Information → Check ✓ which location:

\$35 - Standard West Lot

\$150 - Irving Ave garage

\$75- for Permit

\$75. for deposit on two Security devices

Permit Duration:

July 31 → August 10, 2019

*** Refund of \$75 when both the Security Devices are returned to parking office by the end of August 2019**

3. Vehicle Information: Please provide all current vehicle information and copy of vehicle registration

State	Plate	Make	Model	Style (i.e. 4-door, hatchback, SUV)	Color	Year

4. Payment Information - Select one:

Personal Check (to Syracuse University)

Please bill to my Bursar Account.

Credit/Debit Card. *If choosing the credit card method, you must either call the Parking and Transit Services office at 315.443.4652 or visit the Parking and Transit Services office in person to provide this number. **If your credit card declines, your parking request will not be processed.**

★ Applications need to be sent to parking services by July 25th, permit pickup will then be at Irving Garage beginning July 30th.

5. Certification: I UNDERSTAND THAT PARKING IS AT MY OWN RISK AND THAT I AM RESPONSIBLE FOR ALL SYRACUSE UNIVERSITY PARKING RULES AND REGULATIONS. X _____

Signature

Upon completion, please bring the form to our office or mail it to us at Parking and Transit Services, 621 Skytop Road Suite 190, Syracuse, NY 13244. You may submit via email at parkmail@syr.edu.

(Office Use Only)

Place permit sticker here.

STUDENT

Lot: _____

Issue Date: _____

End Date: _____

Fee: _____

Payment Type: _____

Issued By: _____

UID#: _____