

DEPARTMENT OF PUBLIC SAFETY & POLICE

FACULTY / STAFF PARKING PERMIT REQUEST

| LAST NAME | FIRST | MI | PERMIT # (DPSP Use Only) |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|---------------------------------------------|
| EMPLOYEE ID# | DEPARTME | NT | MAIL STOP |
| he act of parking or driving a motor nd/or operator of the responsibility ollege parking/traffic regulations. | | | |
| APPLICANT'S SIGNAT | URE | | DATE |
| Authority of the Department of Public Safety & | & Police and Parking Management Un | nit. Form must be comple | ted in its <i>entirety</i> to be processed. |
| DEAN'S SIGNATUR | RE | | DATE |