DEPARTMENT OF CAMPUS SAFETY AND SECURITY

Issuing Officer?



OFFICE OF HUMAN RESOURCES

Date:

PSC PARKING DECAL/IDENTIFICATION CARD REQUEST

- 33					
		Perso	onal Information		100 A
Full I	Name: _		. d 5		
		Last	9	First	М. І.
Ad	ldress:	Street Address			Apartment/Unit #
		Street Address			Арантени оти п
	-	City		State	ZIP Code
Dh	one #·	Ceil #:		Alte	rnate #:
	10116 #				
Employee/Student Information					
Po	osition:		Status:	Full-Time	Part-Time Temp
Depar	rtment:	9	Classification:	Faculty	Staff Student Student
Date o	of Hire:		Orientation Date:		
Vehicle Information					
Make:		Model:		-1	Color:
		License Plate #:		State Iss	sued By:
Disclosures					
By signing this request, I hereby agree to comply with the regulations in my PSC handbook regarding my parking permit. I verify that the date printed on my permit indicates the date it expires and that it will NO LONGER be valid AFTER that date. I understand that, by using the adhesive on the back of the decal, this permit MUST be attached to the bottom left hand (driver) side of my windshield.					
Sign	nature:	8.			Date:
Please return to the Department of Campus Safety and Security, currently located on the 2 nd floor of the M. L Harris Building. Thank you!					
FOR OFFICE USE ONLY					
Pa	Parking Decal Issued? YES NO Identification Card Issued? YES NO				
Pa	arking P	ermit #:	Jenzabar ID #:		
Au	Authorized By (HR Rep):			Date:	