



**CAMPUS SAFETY
PARKING PERMIT
APPLICATION
2009-2010**

Date of Application: _____
Mo Day Year

<u>Office Use Only</u>	
PERMIT _____	_____
Type _____	Number _____
Rec'd _____	By _____
Date _____	
Processed _____	By _____
Delivered Via: US Mail Pickup Campus Mail	

PLEASE PRINT OR TYPE INFORMATION

_____	_____	_____	_____
First	Last Name	Cell Phone	Home Phone
_____		_____	
SCU ID		Department & Building (For Faculty/Staff)	
_____		_____	
Street Address		Campus Office Phone (EX: 408-554-XXXX)	
_____		_____	
City, State & Zip		E-Mail Address	

STUDENT STATUS _____

Freshman Soph. Junior Senior Graduate Day Graduate Night

VEHICLE INFORMATION: License Plate: _____ Color: _____

State _____ Number _____

Year _____ Make: _____ Model: _____ Body Style: _____

TYPE PERMIT REQUESTED: _____

N(Night Student, Valid After 5:00 PM) B (Faculty) B (Staff) E (Non-Campus Resident Student)

F* Reduced Fee Lot (*Student Only or Disabled) Motorcycle

TERM _____

Annual Permit (7/1/09-6/30/10) Semi-Annual Summer/Fall (7/1/09-12/31/09)

Semi-Annual Fall/Winter (10/1/09-3/31/10) Semi-Annual Winter/Spring (1/1/10-6/30/10)

Quarter: Summer (7/1/09-9/30/09) Fall (10/1/09-12/31/09) Winter (1/1/10-3/31/10) Spring (4/1/10-6/30/10)

FEES _____

B & E Lots: Annual \$250 Semi-Annual \$175 Quarterly \$100 Motorcycle \$60 (Free with purchase of Annual B or B Permit. Must complete separate form)

N-After 5:00 PM): Annual \$125 Semi-Annual \$88 Quarterly \$50

Reduced Fee* (F) Lots: Annual \$165 Semi-Annual \$115 Quarterly \$75

(Student Only* or Disabled-Must provide copy of DMV Disabled Certificate)

METHOD OF PAYMENT _____

Check ACCESS Charge Salary Reduction (Additional Form Required)
(For Full-Time Fac/Staff only. Click here to download form)

Visa or MasterCard Card #: _____ Exp.: _____
Mo Yr

Signature of Applicant signifies acceptance of terms & conditions of SCU Traffic and Parking Plan, located at www.scu.edu/cs/, and if indicated above, authorizes payment from Visa/Mastercard Account.

Signature _____ Date: _____

Please select how you wish to receive permit: _____
(Pickup= Default selection)

Pickup @ CSS (After 5 - 7 business days) Mail (10-20 business days)

NOTICE TO PURCHASER: You are responsible for the cost to replace a parking permit which is lost in transit if you select the delivery option of US Mail.

► You may fax applications to (408) 554-7882 when paying by credit card, or salary reduction (form must be signed)
Or drop off/mail to: Campus Safety Services, 500 El Camino Real, Santa Clara, CA 95053.