

**SAGINAW VALLEY STATE UNIVERSITY
FACULTY/STAFF PARKING PERMIT APPLICATION**

Check one: Transferable Permanent
 Hanging Type _____ Window Sticker _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Campus Address _____ Telephone: Home _____ Office _____

Staff _____ Faculty _____ Full _____ Adjunct _____

Driver's License # _____ Date of Birth ____/____/____

Vehicle Make /Yr _____ Model _____ State _____ Color _____

2-door 4-door SUV Van Pickup Station Wagon Other _____

Signature: _____ Vehicle Plate # _____

**PERMIT FEE \$20.00
EXPIRES SEPTEMBER 15 EACH YEAR
PERMIT VALID IN LOTS F, G-1, J-4 NORTH & L**

**NOTE: RETURN TO CASHIER'S OFFICE
DO NOT WRITE BELOW THIS LINE**

Permit # _____ Issued By _____ Date Issued _____

Comments: _____