



PARKING DEPARTMENT Vehicle Registration

Please print all information



FOR OFFICE USE ONLY

Name:

Last

First

Middle

Address:

Street Number

City

State

Zip

Year of Vehicle:

Make/Model:

Color:

License Plate:

CSU ID:

PLEASE CHECK ONE:

Faculty/Staff

Student

Alumni

Senior

Options

Summer Program

Other

Department Name: (If faculty or staff:

Building/Room No:

Ext.

Home Phone:

Signature:

Date:

(NO REFUNDS) THIS PERMIT DOES NOT GURANTEE AVAILABLE PARKING SPACE.

If you fail to bring your decal to campus you will have to pay the daily fee.

Permit No.

Reserved Parking Space No.

Receipt No.

Date

If you fail to affix your parking PERMIT upon your entrance to campus you will have to pay the daily fees (NO REFUNDS)

AFFIDAVIT / I hereby affirm that the above information is true and that I now have and will have for the duration of the parking permit issued to me by Chicago State University: 1) Full Liability insurance on mentioned vehicle and 2) valid operators or chauffeurs license. Chicago State University does hereby disclaim any and all liability to applicant (permittee), his/her representatives and assignees or any and all bodily injury or property damage, however caused, resulting from, arising out of, or in any way connected with the use of applicant (permittee) of parking facilities and related roads at Chicago State University.

