



PARKING PERMIT APPLICATION FORM

Academic Year _____

Select Option:

☐

STUDENT COMMUTER

☐

STUDENT RESIDENT

☐

EMPLOYEE

NAME (Last, First **PLEASE PRINT**)

CONNORS ID NUMBER

VEHICLE TAG NUMBER

STATE OR TRIBE ISSUING TAG (EX. OK for Oklahoma – Cherokee Nation)

VEHICLE MAKE & MODEL

YEAR

COLOR

(This portion filled out by Bursar Office Only)

FOR EMPLOYEES ONLY

EMAIL: _____

PHONE: _____

PARKING PERMIT NUMBER: _____

RESIDENT EXPIRATION DATE: _____