

**CENTRAL CONNECTICUT STATE UNIVERSITY
VEHICLE REGISTRATION / PARKING PERMIT**

Name: _____
Last Name First Name MI

Address: _____
City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

VEHICLE #1

Make: _____ Model: _____

Body Type: _____ Color: _____

License Plate: _____
State License Number

VEHICLE #2

Make: _____ Model: _____

Body Type: _____ Color: _____

License Plate: _____
State License Number

I certify that this information is true and that I am responsible for reporting any changes. I agree to abide by the CCSU Parking Regulations. I understand that I will be held responsible for any violations issued to any vehicle displaying the permit issued to me.

Signature Date

<u>FOR HUMAN RESOURCES USE ONLY</u>	
BANNER ID: _____	
_____ Permanent Faculty / Staff	
_____ Part-Time Faculty / Staff	End Date: _____
_____ HR Representative Signature	