



Permit Number Assigned: _____

Parking Permit Application

OSU CHS is not responsible for damaged vehicles or contents contained therein. Please take appropriate precautions.

CIRCLE ONE: Student Staff Faculty Adjunct Other: _____

PERSONAL INFORMATION

Name: _____

CWID: _____ Driver's License: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

VEHICLE(S) INFORMATION

Vehicle Year: _____ Make: _____ Model: _____

Vehicle Plate #: _____ Color: _____

Is the Vehicle Registered to You? Yes: _____ No: _____

If No, List the Registered Owner: _____

Vehicle Year: _____ Make: _____ Model: _____

Vehicle Plate #: _____ Color: _____

Is the Vehicle Registered to You? Yes: _____ No: _____

If No, List the Registered Owner: _____

COMPLETE AND RETURN THIS APPLICATION TO SECURITY TO BE ISSUED A PERMIT

I have read and reviewed the all policies regarding my vehicle as they pertain to OSU-CHS. Failure to abide said policy may result in a verbal and/or written warning and may result in disciplinary action.

Applicant Signature

Date