



# Oklahoma State University

## Center for Health Sciences

1111 West 17<sup>th</sup> Street, Tulsa, OK 74107  
Phone: 918-625-8592 chs.security@okstate.edu

Parking Permit Number: \_\_\_\_\_

### PARKING PERMIT APPLICATION

Data Entry by: \_\_\_\_\_

\_\_\_\_\_ OSU/CHS is **NOT** responsible for damaged vehicles or contents contained therein. Please take the appropriate precautions. I also acknowledge receipt of the parking rules and guidelines form.

**Check which applies:**

Location: \_\_\_\_\_

Student    Staff    Faculty    Adjunct    Other: \_\_\_\_\_

**Personal Information: Please Print Clearly**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CWID: \_\_\_\_\_

Driver License No. \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Vehicle(s) Information:**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Veh. Color: \_\_\_\_\_

Is this vehicle registered to you?  Yes  No

If NO, List the registered owner: \_\_\_\_\_

**Vehicle(s) Information:**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Veh. Color: \_\_\_\_\_

Is this 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 University policies regarding my vehicle as they pertain to OSU/CHS. Failure to abide by policy may result in a verbal and/or written warning and may result in disciplinary action.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**