

ONONDAGA COMMUNITY COLLEGE

Vehicle Permit # _____

(office use only)

College ID# _____

Faculty / Staff _____ Adjunct _____ Resident Student _____ Student _____ Vendor _____

Name _____ Phone (____) _____
Last First MI

Address _____ City _____ State _____ Zip _____

Plate # _____
Make Model Doors Year Color

I verify that the information on this card is true and accurate. I have reviewed the campus map and understand how and where I am authorized to park in the campus lots. I am responsible for the Permit. Report loss to Campus Safety immediately.

Date _____ Signature _____