

Attention RD Attendant—Do not sell if all information is not complete.

Issued to: _____
 Last Name First Name Middle

Address: _____
 Street City State Zip Code

Email Address: _____ Phone Number: _____

SIUE ID #: _____ Membership Type: _____

Vehicle Info: _____
 License Plate State Make Type Color

Permit will be mailed to address above.

Permit not valid for Current SIUE Students, Faculty, or Staff

I understand that I will be held responsible for any violation involving this permit or vehicle.

Vehicle Types

- 2DR (two door) SUV (sports utility)
- 4DR (four door) STW (station wagon)
- MINI (minivan) MC (motorcycle)
- PU (pickup truck) VAN (van)
- CON (convertible)

Signature

Today's Date

Filled out by Student Fitness Center

Temp Permit Number: _____ Temp Permit Issue Date: _____ Membership Exp. Date: _____
Today/Date Sold

Date Sent to Parking Services: _____ Initial Sent: _____

Filled out by Parking Services

Annual Permit Number: _____ Annual Permit Issued by: _____ Date Issued: _____

TAPE RECEIPT HERE

DO NOT STAPLE!