

Application for Student Parking

Student Information

Last Name: _____ First Name: _____
 Student ID: _____ Class Year: _____
 Pick One:

Student Commuter	<input type="checkbox"/>
Student Resident	<input type="checkbox"/>
Summer Parking	<input type="checkbox"/>

 Address: _____
 City, State, Zip: _____
 Campus Bldg. / Room #: _____ Campus Phone #: _____
 Home Phone: _____ Cell Phone #: _____

Vehicle Information

Driver's License #: _____ State: _____
 Vehicle Plate #: _____ State: _____
 Year: _____ Make: _____ Color: _____ Model: _____
 Name/Address of Registered Vehicle Owner:

 Relationship to Student Driver: _____

Attach a copy of applicant's valid driver's license, registration, and insurance certificate with application.

I certify that the above information is correct, and I have read a copy of the parking and traffic regulations of SUNY Maritime College and will abide by them.

Traffic and Parking Regulations are available at the University Police Department or on-line:

https://www.sunymaritime.edu/sites/default/files/2022-08/Maritime_Parking_Policies_and_Procedures_Aug%202022_0.pdf

X

Name Printed

X

Signature

Completed applications should be sent to:
 Parking Permits C/O University Police
 SUNY Maritime College
 6 Pennyfield Ave.
 Throggs Neck, NY 10465

By my signature above, I understand that I am required to pay for this permit at the time I receive it from Student Accounts. I understand, that Financial Aid, cannot be used to pay for the Parking Fee.

For Office Use Only

Decal # _____ Date Received _____ Date Issued _____