## FACULTY/STAFF PARKING PERMITS



## Submit to the Admissions/Registrar Office for processing

Citation Information: \$10.00 - No SWTX Decal Displayed \$25.00 - Fire Lane \$50.00 – Parked in Handicap Parking without State Handicap	) Placard	1 <sup>st</sup> Violation - \$10.00 2 <sup>nd</sup> Violation - \$15.00 3 <sup>rd</sup> Violation - \$20.00 Additional Violations \$25.00
Please check one:SWTX EMPLOYEESULF	ROSS EMPLOYEE	
Please check one:UVALDE CAMPUS DEL I	RIO CAMPUS _	_ EAGLE PASS CAMPUS
Please check one:  FIRST PERMIT   ADD	ITIONAL PERMIT (\$5.00)	REPLACEMENT
Employee Information:		
SWTX ID: DRIVERS LICENSI	E#:	DOB:
NAME:	EMAIL:	
ADDRESS:		
CITY:		ZIP:
PHONE: cell:	W	ork:
DO YOU RESIDE IN THE DORMS? YES		NO
<u>Vehicle Information</u> :		
LICENSE PLATE: STATE:	C	OLOR:
MAKE: MODEL:		YEAR:
MAKE: MODEL:  Vehicle Owner Information:		YEAR:
Vehicle Owner Information:	Parent Family	
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:	Parent Family	
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:  NAME:	Parent Family	
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:  NAME:  ADDRESS:	Parent Family	Other
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:  NAME:  ADDRESS:  CITY:  PHONE:	Parent Family  STATE:  W. PERMITS MAY BE INVALIDATE	OtherZIP:
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:  NAME:  ADDRESS:  CITY:  PHONE:	Parent Family STATE:	OtherZIP:
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:  NAME:  ADDRESS:  CITY:  PHONE: cell:  VEHICLES ON CAMPUS MUST DISPLAY A VALID PERMIT AT ALL TIMES. INFORMATION CURRENT  FACULTY/STAFF SIGNATURE	Parent Family  STATE:  W. PERMITS MAY BE INVALIDATE	Other  ZIP:  Ork:  D FOR FAILURE TO KEEP THE ABOVE
Vehicle Owner Information:  OWNER OF VEHICLE: please check one Self  If not self, please provide the following information:  NAME:  ADDRESS:  CITY:  PHONE: cell:  VEHICLES ON CAMPUS MUST DISPLAY A VALID PERMIT AT ALL TIMES. INFORMATION CURRENT  FACULTY/STAFF SIGNATURE	Parent Family  STATE:  w PERMITS MAY BE INVALIDATE!	Other  ZIP:  Ork:  D FOR FAILURE TO KEEP THE ABOVE