
*****Please Print*** Campus Police ***Please Print*****

TO: All Staff and Faculty

From: Campus Police Department

Subject: Faculty/Staff One-Year Parking Permits

Faculty/Staff permits will be issued the start of every New Year. Please complete this form even if you do not have any changes. **Please Print. Thank you!**

Name _____ Home Phone () _____ - _____

Address _____ VVC Dept. _____

City _____ Zip Code _____ VVC Extension _____

***** Please Print *** Vehicle(s) To Be Used on Campus ***Please Print *****

License#	Make	Model	Vehicle Type	Color	Year	Permit#/Date

Office use only

I certify that, under no circumstance will I allow an UNCERTIFIED PERSON(s) to use this/these permit(s). This includes persons related or unrelated. If for any reason I am no longer employed at VVC I will return the permit(s) to Human Resources.

Signed _____ Date _____

Please Return to Campus Police