



**ST. CLOUD STATE UNIVERSITY
STUDENT PARKING PERMIT REGISTRATION FOR 2009-2010**

INSTRUCTIONS

When you request your permit through the mail, we will send the permit to the home address shown unless specified otherwise. For permit registration received after August 14th, permits will be held in the Public Safety Center for pick up.

NEW STUDENTS – (Freshmen and Transfer Students)

- ◇ Students living on campus will be eligible for a Q lot permit if other on campus lots are sold out.
- ◇ Students living off campus (commuting) students will be eligible for a K lot permit.

*****Please write the lot you are eligible for on the top left corner of the registration form*****

****K and Q PERMITS MAY SELL OUT BEFORE 1st DAY OF SCHOOL****

CURRENT STUDENTS

- ◇ Students enrolled at SCSU spring semester who APPLIED ONLINE for a parking permit were assigned lots and already added to the waiting list(s) if 1st selection was not awarded. Please check online for status of lots at www5.stcloudstate.edu **by 4:30 pm July 1st**.
- ◇ Students enrolled at SCSU spring semester who DID NOT apply online for a parking permit may purchase a K lot permit if commuting, or a Q lot permit if living on campus if other lots no longer are available.
 - If you did not apply online and would like to be added to a waiting list, please contact Public Safety at 320-308-3453 or email pubsafe@stcloudstate.edu

**** Please indicate lot preferences – remember you can only list an on campus lot if you are living in a residence hall. All commuting students are only eligible for M V and K lots. Please provide a phone number where you may be reached.****

Lot prices:

On Campus Lots: A and E - \$270.00; Stateview - \$295.00; Ramp - \$400.00; Q - \$165.00

Commuting Student Lots: M and V - \$270.00; K - \$165.00; Evening Permit - \$55.00 per semester -valid after 3:00 pm

METHOD OF PAYMENT:

Stop at the Public Safety Center, Monday through Friday - 7:30 am – 4:00 pm to purchase permit **or mail to the address listed below**. If paying by check, please make payable to **SCSU - do not send cash**.

Credit cards accepted: Mastercard, Visa, Discover, and American Express

Write credit card number and expiration date on application form.

- CVV or Security Code – the three last numbers on the back of the card, **or**
 - for American express–four numbers on the front of the card if numbers on the back are not present.

Public Safety Center
St. Cloud State University
Mail to street: 720-4th Avenue South
526 - 4th Ave S
St. Cloud, MN 56301
320-308-3453

Assigned Lot

Please write the letter of the lot



For Office Use Only

1. Lot #
2. Lot #
3. Lot #
Cycle #

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526-4th Avenue South, St. Cloud, MN 56301

METHOD OF PAYMENT: Check enclosed - Payable to St. Cloud State University
Credit cards accepted: MasterCard, Visa, Discover or American Express

Card Number (please do not write card number if paying in our office) Expiration Date CVV or Security Code

Billing Address (Required if different from address below) Street City State Zip

Please Print Clearly

Student Id:

Name: Last First Middle

Home Address: Street City State Zip

Local Street Address or Resident Hall and room #: (Leave blank if local is the same as home address)

Local / Cell Phone Number Required: Home Phone Number: City State Zip

VEHICLE INFORMATION: *Minimum of one vehicle required (plate number, state, make, model, color and year)

1) Plate Number *(Required) State Make Model

Color Year Registered Owner (If different from name above)

2) Plate Number *(Required) State Make Model

Color Year Registered Owner (If different from name above)

3) Plate Number *(Required) State Make Model

Color Year Registered Owner (If different from name above)

I certify that I am eligible to register this/these vehicle(s) and the above information is correct. I will notify SCSU Public Safety at 320-308-3453 with any future changes.

Signature

Date

OFFICE USE ONLY

Amount Paid \$ Date

Initial Comment

Date Mailed Holding in office

Amount Paid \$ Date

Initial Comment

Date Mailed Holding in Office

Amount Paid \$ Date

Initial Comment

Date Mailed Holding in Office

Amount Paid \$ Date

Initial Comment

Date Mailed Holding in Office

Refund Information:

Refund Amount \$ Date Initial Address refund should be sent to:

Refund Processed # Date Expired

Signature