Parking Permit Request

Follow instructions carefully ● All fields are required ● Incomplete requests will be returned

Full Name: ____________________________________________________________________

Student ID (CWID): __ __ __ - __ __ __ - __ __ __

Major: _______________________________________________________________________

Email: _______________________________________________________________________

Phone: _______________________________________________________________________

Address: _____________________________________________________________________

City/State/Zip: __________________________________________________________________

Enclose a self-addressed, stamped envelope
● Envelope must be 6” x 9” or larger
● Use four First Class stamps

Mail completed form and envelope by **May 1, 2017** to:
University Events - Commencement
California State University, Fullerton
2600 Nutwood Ave, Ste 850
Fullerton, CA 92831-5455