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 **April 30, 2019**
to:
Parking & Transportation
P.O. Box 34065
Fullerton, CA 92834-9465