



Department of Public Safety
 Siena Heights University
 517-264-7800
 www.SienaHeights.edu/CampusSafety

TEMPORARY PARKING PERMIT APPLICATION

Complete in Full & Return to the Department of Public Safety

Reason for Temporary Parking Permit: _____

Permit Start Date: ____/____/____

Permit Expiration Date: ____/____/____

Name: _____ Date of Birth: ____/____/____ (optional)
First Middle Last MM / DD / YY

Home Address: _____
House # & Street / Apartment City State Zip Code

SHU Address: _____ Phone Number: _____ SHU ID#: _____

Drivers Lic #: _____ State: _____ Plate: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

I _____ agree to abide by all Siena Heights University parking rules and regulations. Date: ____/____/____
Signature

Parking Rules and Regulations can be found in the Safety Awareness Handbook and online at www.SienaHeights.edu/parking

Temporary Parking Permits hold the same parking lot restrictions as the original/sponsors parking permit.

Department of Public Safety Use For Department of Public Safety Use For Department of Public Safety Use

Temporary Permit #: _____ Received: ____/____/____ By: _____ Entered: ____/____/____ By: _____

Previous Permit#: _____ (If Applicable)