

Parking Services
G-01 Edgar Brown Union
Clemson, SC 29634-4014
(864)656-2270

Parking Permit Application for Emeritus College Members

(Please Print Legibly)

Name: _____ Phone: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Emeritus College Member

Vehicle Tag: _____ State: _____ Make: _____ Year: _____ Color: _____

Vehicle Tag: _____ State: _____ Make: _____ Year: _____ Color: _____

Vehicle Tag: _____ State: _____ Make: _____ Year: _____ Color: _____



Please provide the permit number and expiration date of your current state-issued disability access parking permit if you will use it to park on campus in spaces reserved for disability access.

Permit Number: _____ State: _____ Expiration: _____/_____/_____
Month Day Year

Permit Number: _____ State: _____ Expiration: _____/_____/_____
Month Day Year

I agree to abide by the Clemson University Parking Regulations and be responsible for all parking citations bearing a permit number issued to me. I will not transfer my permit to another person.

Signature: _____

Date: _____

