

## Parking Permit Application for Emeritus College Members

(Please print legibly)

INSTRUCTIONS: Please mail your completed parking application to the address above in the left-hand corner, "Attention: Emeritus Permit", or email your completed parking application as an attachment with "Emeritus Permit" in the subject line to parking@clemson.edu.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ **Emeritus College Member**

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ 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 # \_\_\_\_\_ State: \_\_\_\_\_ Expiration month/day/year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Permit # \_\_\_\_\_ 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. I understand that if anyone else is found using my parking privileges, my Emeritus parking privileges will be revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_