



Charles R. Drew University of Medicine and Science Parking Permit Form

First Name: _____ Last Name: _____

I am a: Faculty: Staff: Student: Other: _____ (specify)

Company/ Department: _____ Supervisor: _____

College: _____ Phone: _____

VEHICLE 1

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____

If you drive more than one vehicle, please list the second vehicle's information below.

VEHICLE 2

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____

Signature*: _____ Date: _____

* - If your placard becomes lost or stolen, please report it to Public Safety immediately. There is a \$5.00 replacement fee.