FACULTY/STAFF PARKING PERMITS



Submit to the Admissions/Registrar Office for processing

Citation Information: \$10.00 - No SWTJC Decal Displayed		1 st Violation - \$10.00 2 nd Violation - \$15.00	
\$25.00 - Fire Lane		3 rd Violation – \$20.0	
\$50.00 – Parked in Handicap Parking without State Handicap Placard		Additional Violations \$25.0	00
Please check one: SWTJC EMPLOYEE SU	JL ROSS EMPLOYEE		
Please check one: UVALDE CAMPUS D	EL RIO CAMPUS	EAGLE PASS CAMPUS	
Please check one: FIRST PERMIT AI	DDITIONAL PERMIT (\$5.00)	REPLACEMENT	
Employee Information:			
SWTJC ID: DRIVERS LICE	NSE#:	DOB:	_
NAME:	EMAIL:		_
ADDRESS:			_
CITY:	STATE:	ZIP:	_
PHONE: cell:		work:	_
DO YOU RESIDE IN THE DORMS? YES	-	NO	
Vehicle Information:			
LICENSE PLATE: STATE	::	COLOR:	_
MAKE: MOD	EI ·	YEAR:	
MAKE,	LL.		_
Vehicle Owner Information:	LL		_
		lyOther	
Vehicle Owner Information:		lyOther	_
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self	Parent Fami	lyOther	_
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information:	Parent Fami	lyOther	_ _ _
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information: NAME:	Parent Fami	Other	— —
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information: NAME: ADDRESS:	Parent Fami		_
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information: NAME: ADDRESS: CITY:	Parent Fami	ZIP : work:	_
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information: NAME: ADDRESS: CITY: PHONE: cell: VEHICLES ON CAMPUS MUST DISPLAY A VALID PERMIT AT ALL TIME	Parent Fami	ZIP : work:	_
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information: NAME: ADDRESS: CITY: PHONE: cell: VEHICLES ON CAMPUS MUST DISPLAY A VALID PERMIT AT ALL TIMINFORMATION CURRENT FACULTY/STAFF SIGNATURE	Parent Fami	ZIP: WORK: ED FOR FAILURE TO KEEP THE ABOVE	_
Vehicle Owner Information: OWNER OF VEHICLE: please check one Self If not self, please provide the following information: NAME:	Parent Fami STATE: MES. PERMITS MAY BE INVALIDATE SWTJC OFFICE USE	ZIP: WORK: ED FOR FAILURE TO KEEP THE ABOVE	_