

SPECIAL PARKING PRIVILEGE REQUEST

DEPARTMENT OF POLICE AND PUBLIC SAFETY

PARKING OFFICE ♦ MICHIGAN STATE UNIVERSITY ♦ 87 RED CEDAR ROAD ♦ EAST LANSING, MI 48824

Name (Last)	First	Middle	Student number	E-mail address

Address (local)	City (local)		Phone number	Credits this sem.

Current vehicle permit number	Department/Organization/Business		Status (CIRCLE ONE): FRESH. SOPH. JUN. SEN. GRAD. OTHER	

Make of vehicle	Year of vehicle	State of license	License Plate Number	

I request permission for special parking privileges at the following location(s) or building(s) _____				
_____ between the hours of _____ and _____ from				
(Mo/Day/Yr) _____ to (Mo/Day/Yr) _____.				

Reason for request (BE SPECIFIC):

Complete class schedule below, including class, time and building (do not abbreviate):

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

If your employment is thru a NON-UNIVERSITY employer obtain a letter on letterhead from your employer which includes your schedule and responsibilities as well as the employer's signature and phone number. Submit it with the page above (your information).

If your employment is directly thru the **UNIVERSITY** your employer must **COMPLETE THE INFORMATION BELOW** .

Department name	Department address	Phone number
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Faculty/staff member requesting parking for student		Position
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STUDENT'S WORK SCHEDULE (provide times and locations):

Monday	Tuesday	Wednesday	Thursday	Friday

It is my opinion that _____ needs to obtain special parking privileges in order to fulfill his/her employment responsibilities. It is requested they be able to park at or near the following locations:

REQUESTED LOCATIONS: _____

I realize that if these parking privileges are granted, less employee spaces will be available for MSU faculty and staff. This recommendation is made for the following reason(s):

REASON FOR REQUEST: _____

Signature of department chair or unit administrator _____

Title: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date received by DPPS: _____ Approved _____ Denied _____

Privileges approved: _____

Permit expires: _____ Office code _____

Reason denied: _____