



CHICAGO STATE UNIVERSITY

PARKING DEPARTMENT Vehicle Registration

Please print all information

DECAL # _____

I _____ am verifying that I am not a Chicago State University employee/student. I am requesting discounted parking at Chicago State University solely through my current Options Program. I certify the below information is current and accurate. Senior Decals are only issued to Senior Citizens that are participating in the Options Program. (Senior Citizens that are 60 and older and Born before 1954).

Program Description

Options Program Course Name: _____
Options Schedule Week/Weekend Day(s): _____
Options Program Course Start Date: _____
Options Program Course End Date: _____

Participant Information

Participant Name: _____ Participant DOB: _____

Driver Information

Name: _____ LAST FIRST MIDDLE
DL Number: _____ DOB: _____
Address _____
City _____ State _____ Zip _____
Primary Number: _____ Secondary Number: _____
Year of Vehicle: _____ Make/Model: _____ Color: _____ License Plate No. _____
CSU ID _____ Payment Type: _____

Participant Signature: _____ Date: _____

Parking Agent Signature: _____ Date: _____

PLEASE CHECK ONE:
[] Senior [] Options [] Summer Program [] Other _____

(NO REFUNDS) This Permit Does Not Guarantee Available Parking Space.
IF you fail to affix your decal to your vehicle you will have to pay the daily fee.