

## **Parking Permit Application**

License Plate Number		Permit N	Permit Number (Security Office)	
Student Last Name, First Name, Middle Name ID # A				
Address				
City	State		ZIP	
Make	Model	Color	Year	
Date	( ) Student	( ) Staff	( ) Faculty	,

I have received a copy of Dutchess Community College parking rules and regulations.

Signature

Date

Do not mail this form back to DCC. To register your vehicle(s), bring this completed form with photo ID to the Security Office in the Student Services Building. This DCC Parking Permit does not expire.