

PLEASE PRINT THIS

DASHBOARD PARKING TAG FALL 2016 MOVE-IN DAY

(PLEASE PRINT AND COMPLETE THIS BEFORE COMING TO CAMPUS. YOU
WILL NEED TO DISPLAY THIS ON YOUR DASHBOARD.)

**DRIVER'S
NAME:**

**STATE
NUMBER:**

AND

PLATE

RESIDENCE HALL AND ROOM:

CELL PHONE # OF 1 PERSON ON-SITE WITH YOUR PARTY:

*This tag does not replace nor can it be substituted for a SHU Parking Permit and
does not allow overnight parking in any lot.*

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(For Staff Use Only)

Time In: _____ am / pm

Time vehicle must be moved to a lot or parking deck _____