



2018-2019 PERMIT
APPLICATION
EXPIRES AUG2018

Return to:
Campus Safety
3500 Mountain Blvd.
Oakland, CA 94619

Phone: (510) 436-1287
CampusSafety@hnu.edu

DATE RECEIVED:	
RECEIVED BY:	
DATE ISSUED:	
DATE ENTERED:	
PROBLEM(S):	

(For office use only)

APPLICATION PROCESS:

- All applications must be filled out completely. Incomplete applications will not be processed.
- Permits are free. Parking information and forms are posted on the Campus Safety webpage at www.hnu.edu.
- Vehicles must be registered within 2 weeks of the start classes. Vehicles not registered will be subjected to a minimum fine of \$55.
- Applicants awaiting plates from the DMV will be issued a temporary permit which will be converted to a permanent permit upon receipt of your license plate information.
- Email the completed form to CampusSafety@hnu.edu with the subject of "Parking Permit" or drop the form off at the front gate or the Campus Safety Department at Soda Commons.
- Permits are filed within 3 business days from receipt. If you have not received your permit within 5 days contact Campus Safety at CampusSafety@hnu.edu.
- **All tickets must be appealed in writing.** Please do not call the office regarding appeals unless making an appointment after receipt of appeal outcome (*which will be sent via email*).

DRIVER INFORMATION – PLEASE PRINT LEGIBLE

LAST NAME	FIRST NAME	DRIVER LICENSE#	STATE
HOME ADDRESS	CITY	STATE	ZIP
CELL PHONE	ALT PHONE	EMAIL ADDRESS	

VEHICLE #1 INFO – PLEASE FILL IN ALL BLANKS

LICENSE PLATE	STATE	YEAR	COLOR
MAKE	MODEL	(FOR OFFICE USE ONLY)	PERMIT#

VEHICLE #2 INFO – PLEASE FILL IN ALL BLANKS

LICENSE PLATE	STATE	YEAR	COLOR
MAKE	MODEL	(FOR OFFICE USE ONLY)	PERMIT#

DISABLED PERSON PERMIT INFO (REQUIRED FOR PARKING IN DESIGNATED SPACES)

PERM (Blue)
 TEMP (Red)
 LICENSE PLATE NUMBER _____ EXPIRATION _____
(Handicap Symbol on Plate)

REASON FOR CAMPUS ACCESS

STUDENT	<input type="checkbox"/> COMMUTER STUDENT <input type="checkbox"/> RESIDENT STUDENT HNU ID _____ DORM # _____
EMPLOYEE	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> CONTRACTOR Dept.: _____ Office# _____
AFFILIATE	<input type="checkbox"/> RASKOB <input type="checkbox"/> PREP MUSIC <input type="checkbox"/> UPWARD BOUND <input type="checkbox"/> KODALY CHILDS NAME: _____
VISITOR	<input type="checkbox"/> VISITOR VISITOR FOR: _____