

DASHBOARD PARKING TAG

FALL MOVE-IN DAY

Driver's Name _____

State and license plate # _____

Residence Hall name _____ Room # _____

Point of contact's cell phone # (____) _____ - _____

This tag does not replace, nor can it be substituted for a SHU Parking Permit.

This pass 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 _____ am/pm
