

ST. GEORGE'S UNIVERSITY PARKING PERMIT DECAL FORM

Please check the box specify	ing your SGU status:	□ STUDENT	□ STAFF	□ FACULTY
Name:				
	PLEAS	E PRINT		
Department/School & Term	:			
Local Phone/Extension:	Bu	ilding/Campus		
Local Home Address:				
Cell Phone:	Email:			
Grenada Driver's License N	[0.:	Date I	ssued:	
Insurance Company/Policy	#:			
Permanent Address:				
City:		State/Country: _		
Foreign Phone:	Fo	oreign Driver's Li	icense:	
Vehicle Information:				
Make:	Model:		Year	:
Color:	_ License Disk #:		Registrati	on#
Name of Registered Owner:				
Please note that you are tgs witgf 1	to abide by the Campus Ru	les and Regulations v	vhen parking your	vehicle on campus. You a
ONLY a <u>llowed</u> to park in lots desi			d below0O qvqt 'Xg	j keng't wngu'ec p'dg'hqwpf 'cv'
'j wru⊲llo {ecorwuthiwtgfwlitqwrh	DO NOT WRITE B	a SELOW THIS LINE		
DATE ISSUED:	DECAL	.# Р	PARKING LOT	· #

Instructions

All persons (including Faculty/ Administration, Staff and Students) applying for parking permits must fill out the Form completely.

The following information is required and copies of the following relevant documents <u>must</u> be presented when applying for the permit. DPSS does not make copies, you must bring copies with you when you submit the form.

- A valid driver license (for non-grenadians, a temporary driver's permit is required and can be obtained at the police station.)
- Your valid S.G.U Identification card
- Vehicle insurance certificate with at least 3 weeks validity
- Vehicle license disk number



* The number is located at the middle bottom of the sticker which is located on the Vehicle windshield.