



SACRAMENTO
STATE

California State University, Sacramento
University Transportation & Parking Services
(UTAPS)

Non-Teaching Faculty Parking Permit Request Form

This form is only valid for one semester and must be resubmitted to UTAPS each semester of non-teaching status including summer. By completing and signing this form, the requestor is certifying that they will not be teaching any Sacramento State classes during the period indicated below. **If you have any outstanding parking citations, you will not be eligible for a courtesy parking permit.** For more information on citation fees, please visit www.csus.edu/utaps.

NON-TEACHING FACULTY INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Sacramento State ID: _____ Phone Number: (____) _____ - _____

Email Address (optional): _____

Mailing Address: _____
Street City Zip Code

Permanent Address: _____
(If different from above) Street City Zip Code

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Phone Number: (____) _____ - _____ Department Name: _____

Non-Teaching Dates: ____/____/____ - ____/____/____
Starting Ending

License Plate Number(s): _____

Non-Teaching Faculty Signature: _____ Date: ____/____/____

Department Chair/Dean/Director: _____ Date: ____/____/____
Please Circle One Please Print

Please Sign