

PURDUE UNIVERSITY CALUMET
LIMITED-TERM LECTURER / GRADUATE STAFF

PARKING ACCESS PERMIT APPLICATION
2009-2010

NAME: _____ PUID: _____

STAFF CLASSIFICATION: _____ DEPT: _____

HOME ADDRESS: _____

CAMPUS ADDRESS: _____

Persons with parking privileges are licensees who are entitled to use appropriate parking spaces. I understand that my signature constitutes an agreement between myself and the University and that the University shall not be responsible for any loss or damage to the vehicle or its contents resulting from theft, vandalism, fire, collision or any other cause on the University's property.

Applicant's Signature _____ Date _____