



POST GRADUATE APPLICATION FOR PARKING 2009 –CUMBERLAND CAMPUS

Privacy Statement: This information is required by The University of Sydney Traffic Office (Cumberland) to process your application for a parking permit. It will not be disclosed except in accordance with the University Privacy Policy. All enquiries: traffic@mail.usyd.edu.au

Student ID number _____

Given Name: _____ Surname: _____

Address: _____ Suburb: _____ P/Code: _____

Phone (W): _____ Mobile: _____ Email: _____

Dept/School/Unit/Course/Other (Specify): _____

COURSE DETAILS:

Please state if enrolled in PhD, Masters, other (please state) _____

State if full time or part time _____

VEHICLE DETAILS:

Registration: _____ Owner Self/Other (Specify) _____

Make/Model: _____

DECLARATION TO BE SIGNED BY ALL APPLICANTS

Applications are accepted and processed on the basis that you have read and understood all conditions of issue. I confirm that I have read and accept the conditions of issue as described on the Security Office's website.

I agree that I will not transfer this parking privilege to others at any time (including swiping a vehicle other than my own into the car park) and that if I do I may have this privilege withdrawn immediately.

Signature

Office use only:

Gate 2 24/7 *Swipe card only*

After 3.30 pm and Weekends Gate 2: Access through Gate 2 from 3.30pm to 11.00 pm Monday to Friday and weekend access via Gate 2 from 6.00 am to 11.00 pm Saturday and Sunday. *Swipe card only*

Permit# _____ Rec# _____ Amount \$98.90 _____ Date _____

Access Card# _____ Computer updated by _____ Date _____