

Decal Number: _____



Bicycle Application for Permit 2011-2012

Department of Campus Safety

Resident Commuter Faculty Staff Adjunct Affiliate

General Information:

CUI ID E-Number: E _____

Date: _____

First Name: _____

Last Name: _____

Address:

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

Contact Information:

Cell Phone: _____ Alternate Phone: _____

Email: _____

Bicycle Information:

Serial Number _____

Make: _____ Model: _____ Color: _____

Signature: _____ Date: _____

Please return completed application to Campus Safety in the Administration Building Suite 120.

For Office Use

Permit number: _____

Issued by: _____

Computer entry by: _____

Date entered: _____

Form Updated 02/2011

Concordia University - Confidential