

University of South Carolina Lancaster

Parking Permit

Name _____

Decal/Tag No. School Year _____
(office use only)

Address _____

City, State, Zip _____

Birth Date _____ Phone _____

| State | License Plate # | Vehicle (Make & Model) | Year |
|----------------------|----------------------|------------------------|----------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



UNIVERSITY OF
SOUTH CAROLINA
LANCASTER