

**PARKING CARD REQUEST FORM**

**\*Replacement Cost for Lost/Stolen Cards: \$5.00 – first time, \$10.00 second time**

Date: \_\_\_\_\_

**Employee's Full Name:** \_\_\_\_\_

New Employee: Yes \_\_\_\_\_ No \_\_\_\_\_ **Returning Employee: Yes** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Full/Part Time/Temp:** \_\_\_\_\_

Temp Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**Office Location:** \_\_\_\_\_

Dept./Phone #: \_\_\_\_\_

Year and Make of Car: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_ RAMP: \_\_\_\_\_

HANGING TAG #: \_\_\_\_\_

Signature of Police Dept. Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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**DISCLAIMER: FILLING OUT THIS FORM DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT.**

**GRCC is requesting that this form be filled out to help facilitate parking on campus should an offer of employment be forthcoming.**