



**SCOTTSDALE
COMMUNITY COLLEGE**

A MARICOPA COMMUNITY COLLEGE



SCC Parking Permit

*SCC Employees ONLY: complete the upper portion
of this form and return to SCC College Police office*



Name: _____

Department: _____

Contact Number: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Color: _____

Year: _____ Plate Number: _____

TO BE COMPLETED **ONLY** BY SCC COLLEGE POLICE PERSONNEL:

Decal Number: _____

(Provided by College Police official)

Recorded by: _____

(College Police staff signature)

Date: _____