

FY26 - FACULTY/STAFF CROSS PARK DISABLED AUTHORIZATION FORM

A new form must be completed for each permit purchased.

Cross Parking Disabled Campus Authorization allows faculty and staff, with a prepaid permit and disability placard, to park in green or white garages and lots when needed. PayStation and metered spaces, garages and lots are limited to designated prepaid/permit disabled spaces ONLY. Access to Prospect Garage must be coordinated in advance with Parking Services to avoid paying on exit.

To access gated garages, permit holders MUST have their Viking Card to scan in and out. If you do not have your Viking Card, you cannot access a gated facility. Failure to scan in or out may cause you to have to pay to exit the facility. Permits are virtual; therefore, the vehicle's license plate must be registered to a valid permit and visible from the drive aisle while parked. Individuals who choose to park at Cleveland State University agree to comply with established rules and procedures. See additional information under Parking Rules at https://www.csuohio.edu/parking/summary-parking-rules-effective-fy22.

Access is granted for parking outside your assigned permit areas for CSU work-related activities beyond your normal routine and not for daily use. Your supervisor must grant permission based on your job description and work activities.

To apply for cross park disabled parking authorization, complete this form and send with a copy of your Disabled Placard and Certificate of Registration to via email at parkingadmin@csuohio.edu or visit the parking office.

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| CSU ID | Telephone Number |
| | |
| First Name M.I. | Last Name |
| | |
| Disabled Placard/Plate Number | State Expiration Date |
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| AUTHORIZATION: By signing the Faculty/Staff Cross understand the rules and policies of CSU Parking Services and Card. | |
| Registrant understands they must park in disabled spaces with the to a valid permit. Permits are virtual and the vehicle's license | |
| Registrant Signature_ | Date |
| SUPERVISOR AUTHORIZATION : The undersigned hereby at the above employee's need of parking across campus with disa | |
| Supervisor Name (print) | Phone / Extension |
| Supervisor Signature | ID Date |
| OFFICE US | SE ONLY |
| Permit Number: | Processed By: |
| Disabled Placard # Exp. Date: | Processed Date: |