



Western Connecticut State University
Health and Public Safety Department
WESTCONNECT Card Office
181 White Street □ Danbury, CT 06810
Phone 203.837.9311 □ FAX 203-837-9317



REPLACEMENT ID CARD/PARKING PERMIT FORM

I. SECTION I

- ↑ Replacement ID Card
- ↑ Replacement Parking Permit

Name: (first) _____ (last) _____

Student Identification Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Residence Hall: _____ Room Number: _____

Gender: Male _____ Female _____

II. SECTION II (Replacement Parking Permit ONLY)

Please Check One:

- ↑ Student-Commuter
- ↑ Student-West Side Resident
- ↑ Student-Mid-Town Resident (Junior/Senior)
- ↑ Student-Mid-Town Resident (Freshman/Sophomore)

I understand that my university account will be charged \$15.00 for the replacement of a university identification card or \$10.00 for the replacement of a university parking permit.

I understand that fraudulent use, possession, or complicity in the use of a lost or stolen identification card or parking permit is punishable by administrative sanctions and/or criminal prosecution under the Connecticut Penal Code. If an identification card or parking permit is found, I am to return it to the University Police Department.

The Connecticut state law provides that persons making false reports to law enforcement officials may be punished by imprisonment for no more than one year, or a fine of \$1,000.00 or both. Any enforcement action taken by the university Police Department based on information on this report will be at the discretion of the University or its agent, the Division of Public Safety.

Signature: _____ Date: _____

Public Safety Employee: _____

OFFICE USE ONLY

Print Count: _____ Charges entered: _____ Old Permit #: _____