PARKING REGISTRATION FORM

PERSONAL INFORMATION

First Name: _____ _____STUDENT → COMMUTER or RESIDENT
_____FACULTY
Last Name: _____ _____STAFF

VEHICLE INFORMATION

Temporary Plate #: _____
License Plate #: _____
State: _____ Make: _____
Model: _____
Year: _____ Color: _____

VEHICLE REGISTERED TO:
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Print Name: _____

Signature: _____
Date: _____

☐ **PERMIT DECLINED**

I certify at this time, that I do not have a vehicle on campus. I agree that if I bring a vehicle to campus, I will immediately report this to Student Programs & Services (SPS). I understand that if I do not register a vehicle that I bring on campus, I will be charged for a permit and fined.

Print Name: _____

Signature: _____
Date: _____

SPS OFFICE USE ONLY

PERMIT INFORMATION

Parking Permit #: _____

Date Issued: _____ / _____ / _____

Date Expired: _____ / _____ / _____

REPLACEMENT INFORMATION

Parking Permit #: _____

Date Issued: _____ / _____ / _____

Date Expired: _____ / _____ / _____