

PARKING REGISTRATION FORM

PERSONAL INFORMATION

Name: _____

- Student
Commuter _____
Resident _____
Langston _____
- Faculty
 Staff

VEHICLE INFORMATION

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

VEHICLE REGISTERED TO:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Signature: _____
Date: _____

SPS OFFICE USE ONLY

PERMIT INFORMATION

Parking Permit #: _____
Date Issued: _____ / _____ / _____
Date Expired: _____ / _____ / _____

REPLACEMENT INFORMATION

Parking Permit #: _____
Date Issued: _____ / _____ / _____
Date Expired: _____ / _____ / _____