

**PARKING PERMIT REQUEST FORM**  
**EMPLOYEE**

All registration forms must be submitted with current proof of insurance.

Employee Type:	Permit Type:
FACULTY	HANGING TAG
STAFF	WINDOW STICKER

**PERSONAL INFORMATION:**

Last Name: First Name: ID Number:

Phone Number: Email Address:

**VEHICLE INFORMATION (all fields required):**

Vehicle Make: Vehicle Model: Color:

License Plate #: State:

**STATEMENT OF UNDERSTANDING:**

By signing below, I confirm that I have read and will abide by the policies laid out in the Parking Regulations manual and that all of the information provided above is correct.

SIGNATURE:

DATE:

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*DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY*

Hangtag | Sticker

Permit Number:

Issued By:

Permit Color:

Entered By:

Date Assigned:

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