



PARKING REGISTRATION

Permit Number

Print Clearly

Choose one:

_____ **Student**

_____ **Disabled Student or Disabled Staff**

_____ **Staff**

Student ID Number

Full Name

Auto Tag Number

Address

City and State

Zip Code

Phone

Email Address

Auto Make

Auto Model

Driver's License #

**** I acknowledge that I am responsible for reading the Rules and Regulations Pamphlet ****

_____ **(Initial Here)**