

PERMIT TYPE

FACULTY / STAFF

[]

RESERVE

[]

**TUSKEGEE UNIVERSITY
EMPLOYEE PARKING REGISTRATION**

(PLEASE PRINT)

PERMIT NUMBER
OFFICE USE ONLY

CAMPUS ID#

LAST NAME

FIRST NAME

MI

LAST FOUR OF SSN

DEPARTMENT / BUILDING & OFFICE NUMBER

CELL PHONE NUMBER

VEHICLE LICENSE PLATE

STATE

MAKE / MODEL / COLOR

I AGREE TO ABIDE BY THE UNIVERSITY'S TRAFFIC AND PARKING REGULATIONS. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR PAYMENT FOR PERMITS RECEIVED THAT WERE NOT PAID IN FULL.

SIGNATURE

DATE