Tuskegee University

Faculty/ Staff Parking Registration Form

Parking Permit Number: _____

Campus ID# _____

Last 4 digits of SS# _____

Department: _____

Name: _____

Mailing Address: _____

Cell Phone Number: _____

Year, Make, and Model of Vehicle: _____

License Plate Number and State: _____

Payroll Deduction: YES ☐ **NO** ☐

$100 Regular: YES ☐ **NO** ☐

$200 Reserve: YES ☐ **NO** ☐

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: _____