

UCF PARKING PERMIT APPLICATION

LICENSE PLATE NUMBER	STATE	VEHICLE MAKE	YEAR	COLOR	OFFICE USE ONLY
NAME (LAST, FIRST, MIDDLE INITIAL)			PID/EMPLID		
LOCAL MAILING ADDRESS (BILLING ADDRESS FOR CREDIT CARD USERS)				D.O.B.	
CITY	STATE	ZIP CODE	TELEPHONE		
EMAIL					
PERMIT CLASSIFICATION (APPROPRIATE ID REQUIRED)					
<input type="checkbox"/> RESERVED	<input type="checkbox"/> STAFF	<input type="checkbox"/> STUDENT	<input type="checkbox"/> LAKE CLARE	<input type="checkbox"/> 1 SEMESTER	
<input type="checkbox"/> FACULTY	<input type="checkbox"/> RESERCH PARK	<input type="checkbox"/> MOTORCYCLE*	<input type="checkbox"/> ACADEMIC VILLAGE	<input type="checkbox"/> 2 SEMESTER	
<input type="checkbox"/> GUEST/RETIREE	<input type="checkbox"/> GREEK PARK	<input type="checkbox"/> SERVICE	<input type="checkbox"/> CONVOCATION CTR.	<input type="checkbox"/> 3 SEMESTER	
MAKE CHECKS PAYABLE TO THE UNIVERSITY OF CENTRAL FLORIDA					
I HEREBY AGREE TO COMPLY WITH UNIVERSITY OF CENTRAL FLORIDA'S PARKING AND TRAFFIC REGULATIONS. I UNDERSTAND THAT A COPY OF THESE REGULATIONS IS AVAILABLE AT THE PARKING SERVICES OFFICE UPON REQUEST.					
SIGNATURE _____			DATE _____		