

UCF PARKING PERMIT APPLICATION

LICENSE PLATE NUMBER	STATE	VEHICLE MAKE	YEAR	COLOR	OFFICE USE ONLY
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NAME (LAST, FIRST, MIDDLE INITIAL)	UCF ID NUMBER/PID
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LOCAL MAILING ADDRESS	D.O.B.
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CITY	STATE	ZIP CODE	TELEPHONE
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EMAIL (Student must have a knights email account)

PERMIT CLASSIFICATION (APPROPRIATE ID REQUIRED)

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| <input type="checkbox"/> RESERVED | <input type="checkbox"/> STAFF | <input type="checkbox"/> STUDENT (D) | <input type="checkbox"/> LAKE CLARE (RL) | <input type="checkbox"/> 1 SEMESTER |
| <input type="checkbox"/> FACULTY/A&P | <input type="checkbox"/> SERVICE | <input type="checkbox"/> VALENCIA/DOWNTOWN | <input type="checkbox"/> ACADEMIC VILLAGE (R) | <input type="checkbox"/> 2 SEMESTER |
| <input type="checkbox"/> GUEST/RETIREE | <input type="checkbox"/> MOTORCYCLE | <input type="checkbox"/> COLLEGE OF MEDICINE | <input type="checkbox"/> KNIGHTS PLAZA (KP) | <input type="checkbox"/> 3 SEMESTER |
| <input type="checkbox"/> VALENCIA EMPLOYEE | | <input type="checkbox"/> ROSEN | | |

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 ARE AVAILABLE AT THE PARKING SERVICES OFFICE UPON REQUEST.

SIGNATURE _____ DATE _____