

PARKING SERVICES – SIUE

CREDIT CARD AUTHORIZATION FORM

Date _____

Please charge the amount \$ _____ to my credit card as payment for my 2003- 2004 permit.

Student's Name _____ Student's I.D. # _____ - _____ - _____

(print or type)

Student's Signature _____

Card Holder's Name and Address _____

(print or type)

(print or type)

Credit Card Number _____ Visa ___ MC ___ Expiration Date _____

Card Holder's Signature _____

Daytime Phone Number (____) _____

CUT FORM ALONG DOTTED LINE AND RETURN WITH REGISTRATION FORM

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CUT FORM ALONG DOTTED LINE AND RETURN TO PARKING SERVICES WITH PAYMENT

PARKING SERVICES – SIUE

PARKING PERMIT REGISTRATION FORM

Permit Number _____ Date Issued _____ Issued By _____

Do Not Write Above This Line

Issued to _____
LAST NAME FIRST NAME MIDDLE INITIAL

Circle One

- Faculty
- Staff
- Student
- Grad Student
- Other

Address _____
Street City State Zip Code

Student ID# _____ OR Employee Social Security # _____

Permit Code _____

Vehicle Description: Make _____ Year _____ Color _____ Type _____

License Plate Number: _____ State _____

Types

- 2Dr(two door) STW(station wagon)
- 4Dr(four door) MINI(minivan)
- MC(motorcycle) PU(pick up truck)
- SUV(sport utility vehicle) VAN(van)

I understand that I will be held responsible for any violations involving this vehicle or permit.

Signature _____