

**SIUE PARKING SERVICES
PARKING PERMIT REGISTRATION FORM**

Permit Number: _____ Date Issued: _____ Issued By: _____

Do Not Write/Enter Information Above this Line

Issued To: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip Code

SIUE ID #: _____ SIUE Housing Area: _____

Vehicle Information: _____
License Plate # State Vehicle Make

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

Signature: _____

Select One

Faculty
Staff
Student
Grad Student
Other

Select Permit Term

Annual
Semester

Select Vehicle Type

2 Door
4 Door
SUV
Van
Truck
Station Wagon
Motorcycle
