SOUTHERN UNIVERSITY AT NEW ORLEANS PARKING PERMIT APPLICATION

Personal Information

Status: 🗆 Employee		☐ Stud	☐ Student (University Affiliation)		
Name:			Student #/Employee #:		
Address: _					
City:		State:		Zip Code:	
Home Phone:		Work Phone:		Cell Phone:	
Driver's License #:		State Issued	d:	_Email:	
		Vehicle Inform	<u>mation</u>		
Year:	Make:	Model:		VIN:	
License Plate #:		State Issue	State Issued: Handicap Plate/Placard:		
Vehicle Ty _l	pe: □ Car □ SUV □	Motorcycle □ Truck	ː □ Van	Must present mobility impairment card with placar	
Number of	Doors: 2 3 4 5 F	Hatchback (Circle one	e) Veh	nicle color:	
Insurance (Carrier:				
		<u>Decal Type</u> (check a	II that apply	/)	
☐ Faculty Reserve Parking (\$135) an		5) annually	☐Faculty Reserve Parking (\$55) semester		
☐ Faculty Preferred Parking (\$90)		•	,		
☐ Faculty General Parking (\$70) an		•	☐ Faculty General Parking (\$35) semester		
☐ Student General Parking (\$70) a		•			
☐ Residence Parking (\$45) semes: ☐ Additional Parking (\$25)		ester	□Replacement Decal (\$25) □Temporary Decal		
☐ Visitor Parking (\$5)			□Special Guest		
Signature:					
	DO NOT	WRITE BELOW THIS LINE/C	DEFICIAL LISE O	NI Y	