

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

PARKING SERVICES VIRTUAL PARKING PERMIT REGISTRATION FORM

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

Do Not Write/Enter Information Above this Line

Customer Information:

Issued To: _____
Last Name First Name Middle Initial

Address: _____
Street/PO Box City State Zip Code

SIUE ID #: _____

Select Classification

____ Faculty
____ Staff
____ Student
____ Residential Student
____ Other

Select Permit Term

____ Annual
____ Semester
____ Daily

Vehicle Information (Employees list up to (3) vehicles, Students only list (1) vehicle):

Vehicle #1: _____
License Plate # State

Plate Type (Select One): _____
____ Passenger
____ B-Truck
____ Specialty
____ Motorcycle
____ ADA (Disability)
____ Temporary

Vehicle #2: _____
License Plate # State

Plate Type (Select One): _____
____ Passenger
____ B-Truck
____ Specialty
____ Motorcycle
____ ADA (Disability)
____ Temporary

Vehicle #3: _____
License Plate # State

Plate Type (Select One): _____
____ Passenger
____ B-Truck
____ Specialty
____ Motorcycle
____ ADA (Disability)
____ Temporary

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

Signature: _____