UNIVERSITY OF OREGON Student Parking Permit Application

Last/Family Name _____ **First/Given Name** _____

UO ID # _____ **Home/Cell #** _____

Email Address _____ ☐ **@uoregon.edu**

Home Address _____ **Apt** _____

City _____ **State** _____ **Zip Code** _____

Expiration Month (Circle One)

10/31/18 11/30/18 12/31/18 01/31/19 02/28/19 03/31/19

04/30/19 05/31/19 06/30/19 07/31/19 08/31/19 09/30/19

Permit Type ☐ Student Daytime ☐ Student Overnight ☐ Grad Village ☐ Barnhart/Riley ☐ Motorcycle

Vehicle Information

All vehicles displaying a permit must be registered to that permit with the Department of Parking and Transportation.

Vehicle #1 License Plate _____ **State** _____ **Color** _____

Make _____ **Model** _____ **Model Year** _____

Vehicle Type ☐ 2 Door ☐ 4 Door ☐ SUV ☐ Van ☐ Station Wagon ☐ Motorcycle ☐ Pickup

Vehicle #2 License Plate _____ **State** _____ **Color** _____

Make _____ **Model** _____ **Model Year** _____

Vehicle Type ☐ 2 Door ☐ 4 Door ☐ SUV ☐ Van ☐ Station Wagon ☐ Motorcycle ☐ Pickup

Payment Method

☐ **Pay now in full cash, check, Visa, or MasterCard**

☐ **Authorize one time charge to student account**

☐ **Veteran Affairs Vocational Rehabilitation Chapter 31**

Applicant Signature: _____ **Date** _____

By signing above I agree to comply with UO Parking Policies and Regulations and use the permit only in designated lots. I understand I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I agree to pay a replacement fee if my permit is lost or stolen. I verify that the information I entered on this form is true and correct.

Office Use Only

Permit _____ **Issue Date** _____ **Expiration Date** _____

Expire Decal _____ **Issued By** _____ **Total**_____

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