



Parking Registration

(PLEASE PRINT)

Parking Lot _____ Permit No _____

Expiration Date _____

DO NOT WRITE ABOVE THE LINE

NAME _____
Last First M.I.

Employee ID No. _____ (Student ID) _____

Local Address _____

City: _____ State _____ Zip _____

Campus Dept: Office-School or College _____ Room No. _____

Office Phone: _____ Home Phone: _____

E-mail: _____

Make of Primary Vehicle _____ Year _____ Color _____

Primary License Plate No. _____ State _____

Make of Secondary Vehicle _____ Year _____ Color _____

Secondary License Plate No. _____ State _____

Faculty _____ Staff _____ Student _____

Name of Registered Owner of Vehicle _____

I agree to abide by all of Howard University's Parking Regulations, and the information given is true to the best of my knowledge.

Signature _____ Date _____