

HAMPTON UNIVERSITY PARKING REGISTRATION FORM

This form must be filled out in its entirety. All outstanding citations must be paid in full prior to purchasing current decals.

Last Name, First Name	
HUID #	
Local Address	
City, State & Zip	
Department (Admin, F/S)	
Title	
Telephone #	
HU Email Address	

New Registration (Academic Year)
Replacement Decal
(Old decal #) _____
Old Decal turned in
Lot Change
(Old lot #) _____
Registration Update
Decal Transfer

I **DO** have family affiliated with the University. If yes, name(s): _____

Relationship to registrant: _____

I **DO NOT** have family affiliated with the University

Method of Payment: Credit Card (Online Payment) Payroll Deduction (contact Payroll Office)

PLEASE COMPLETE YOUR VEHICLE INFORMATION

Vehicle #1		Vehicle #2	
VEHICLE LIC. PLATE		VEHICLE LIC. PLATE	
STATE		STATE	
PLATE EXP. DATE		PLATE EXP. DATE	
YEAR		YEAR	
VEHICLE MAKE		VEHICLE MAKE	
MODEL		MODEL	
COLOR		COLOR	
OWNER'S NAME (If diff. from registrant)		OWNER'S NAME (If diff. from registrant)	

HANDICAP TAG: (MUST BE STATE ISSUED IN REGISTRANT'S NAME)

STATE PLACARD #	
STATE ISSUED	
EXPIRATION DATE	

The information above is both true and accurate. I certify the registered vehicle(s) above is insured by a company licensed to do business in Virginia. Hampton University accepts no responsibility for a vehicle or its contents while parked or operated on University grounds. I agree to notify the Traffic Administration Office if and when any of this information changes. I will read and agree to abide by the rules and regulations set forth on the HUPD website. Furthermore, I understand that obtaining or displaying a decal under false pretenses is against the Code of Conduct and any violator of this policy is subject to disciplinary action.

SIGNATURE: _____ **DATE:** _____

(OFFICE USE ONLY (DO NOT TYPE BELOW THIS LINE))

Decal #1: _____	Administration	Commuter		
	Faculty/Staff Reserve	Graduate	T	
Decal #2: _____	Faculty/Staff	Resident	B	_____
	Fleet	Summer	C	_____
Assigned Parking Area:	Contractor	Session	E	_____
	President	Waiver	O	
		Resident	G	
Lot #: _____		Resident		Issued By: _____
		Commuter		

Date: _____

DL#: _____ **Exp. Date:** _____ **State:** _____