



Student Parking Permit Application

Last Name _____ First Name _____

UO ID # _____ Home/Cell # _____

Email Address _____ @ _____ uoregon.edu

Home Address _____ Apt _____

City _____ State _____ Zip Code _____

Expiration Month (Circle One) 10/31/17 11/30/17 12/31/17 01/31/18 02/28/18 03/31/18
 04/30/18 05/31/18 06/30/18 07/31/18 08/31/18 09/30/18

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 3 Door Hatch Station Wagon Motorcycle Convertible Pickup

Vehicle #2 License Plate _____ State _____ Color _____

Make _____ Model _____ Model Year _____

Vehicle Type 2 Door 4 Door SUV Van 3 Door Hatch Station Wagon Motorcycle Convertible 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 Rules 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 _____
Permit _____	Issue Date _____	Expiration Date _____
Expire Decal _____	Issued By _____	Total _____
Permit _____	Issue Date _____	Expiration Date _____
Expire Decal _____	Issued By _____	Total _____
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