

The University of Mississippi
 Parking and Transportation Department
 Parking Registration Form

_____ **Decal number or Sticker**

_____ **Price**

This form is to be used to receive your UM parking permit via USPS mail.

SIGNATURE _____

DATE _____

P E R S O N A L	_____			
	University ID Number	Last Name	First Name	Midde Name

	Email Address			

A D D R E S S	USPS Mailing Address		

	House #	Street Name	

City, State & ZIP Code			

P H O N E	_____		_____	
	Home Phone (XXX-XXX-XXXX)		Cell Phone (XXX-XXX-XXXX)	

	OFFICE PHONE (XXX-XXX-XXXX)			

V E H I C L E	_____		_____	
	Vehicle Tag Number		State	Tag Expiration Date (MM/YYYY)
	_____		_____	
	Make	Model	Year	Color of Vehicle (list ALL colors on vehicle)

Email form back to parking@olemiss.edu

OR

If paying via check, mail form and payment to the address below:

Department of Parking & Transportation

P.O. Box 1848

University, MS 38677

(checks should be made out to The University of Mississippi)

Payment with VISA/MC will be taken via phone in receipt of registration form.

If you have questions/concerns, please call (662) 915-7235 or email parking@olemiss.edu.