

The University of Mississippi
 Parking and Transportation Department
 External Parking Registration Form

_____ Decal number or Sticker

_____ Price

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		Campus Physical Address	
	House #	Street Name	Building Name & Room Number	
	_____		_____	
	City, State & ZIP Code		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	Color of Vehicle (list ALL colors on vehicle)	

- _____ ATHLETIC FOUNDATION
- _____ CAMPUS COOKS
- _____ CENTERPLATE
- _____ COLLEGE CHEFS
- _____ COLLEGE FRESH
- _____ COLLEGE HILL CATERING
- _____ GENERAL ATOMICS
- _____ HEALTH CHECK AUDIT
- _____ OTHER _____

- _____ LAW SCHOOL ADJ PROFESSORS
- _____ PRINCIPAL CORPS
- _____ TEACHER CORPS
- _____ TOPICAL PRODUCTS TESTING
- _____ UM FOUNDATION
- _____ VISTA
- _____ WATER SECURITY INSTITUTE
- _____ WILLIE PRICE
- _____ UPPERCrust