



THE UNIVERSITY of
MISSISSIPPI

Lost/Stolen/Replacement Permit

Personal Information

Name _____ Date _____
UM ID#/ DL# _____ E-Mail _____
Phone # _____
Address _____
Signature _____

Vehicle information to be associated with the replacement permit:

State: _____ License Plate: _____ Year: _____
Make: _____ Model: _____ Color: _____

Reason for Replacement:

- New Vehicle Vehicle in Shop Lost in Mail Missing Permit
 Stolen Permit Damaged Housing Change Wrong Vehicle
 Back in Original Vehicle

Other _____

Deactivated permits are not allowed back on University property. Any vehicle displaying a deactivated permit will be booted and/or towed. This form will be notarized, assuring that upon your signature, all information and statements provided are both true and valid.

*****Office Use Only Below This Line*****

Reason for Replacement:		
REPLACEMENT _____	LOST _____	STOLEN _____
Decal # _____	Classification _____	
Replacement Decal # _____	Replacement Cost _____	