

**UNIVERSITY OF ALABAMA  
EMPLOYEE PARKING REGISTRATION**

**(PLEASE PRINT)**

P-Plan

OFFICE USE ONLY

Permit Number

Receipt Number

OFFICE USE ONLY

Campus Wide ID

Last Name

First Name

MI

**Permit Type**

Faculty/Staff

Reserve

Perimeter

People with permanent  
disability status- Please  
provide official documentation.

People with temporary  
disability status- Please  
provide official documentation.

Mailing Address

City

State

Zip Code

Cell Phone Number

Campus Box #

Campus Phone Number

Primary Vehicle License Plate

State

Make/Model/Color

Secondary Vehicle License Plate

State

Make/Model/Color

I agree to abide by the University's Traffic and Parking Regulations. I understand that I am fully responsible for payment of permits received that were not paid in full.

SIGNATURE

DATE