

**UNIVERSITY OF ALABAMA
RETIRED PARKING REGISTRATION**

(PLEASE PRINT)

_____ **CWID**

Permit Number

Receipt Number

OFFICE USE ONLY

_____ **Last Name**

_____ **First Name**

_____ **MI**

_____ **Address**

_____ **Campus Box # (if applicable)**

_____ **City, State, Zip Code**

_____ **Campus Phone # (if applicable)**

_____ **Cell Phone #**

_____ **Primary Vehicle License Plate**

_____ **State**

_____ **Make/Model/Color**

_____ **Secondary Vehicle License Plate**

_____ **State**

_____ **Make/Model/Color**

At least one vehicle license plate must be registered. Failure to register valid license plate(s) may result in revocation of parking privileges.

I agree to abide by the University's Traffic and Parking Regulations. I verify that the information entered on this form is true and correct.

Retired faculty/staff permits are issued as a privilege and are only to be used by the retiree. Abuse of this privilege could result in the deactivation of the permit.

_____ **SIGNATURE**

_____ **DATE**

OFFICE NOTES: