

**HAMPTON UNIVERSITY
PARKING REGISTRATION FORM**

This form must be filled out in its entirety. All outstanding citations must be paid in full prior to purchasing current decals.

Last Name	
First Name	
HUID #	
Local Address	
City, State & Zip	
Department	
Telephone #	

New Registration
Replacement Decal
(Old decal #) _____
Old Decal turned in
Lot Change
(Old lot #) _____
Registration Update
Transfer

I **DO** have family affiliated with the University. If yes, name(s): _____

Relationship to registrant: _____

I **DO NOT** have family affiliated with the University

Method of Payment: Cash Credit Card Payroll Deduction

PLEASE COMPLETE YOUR VEHICLE INFORMATION

Vehicle #1		Vehicle #2	
VEHICLE LIC. PLATE		VEHICLE LIC. PLATE	
STATE		STATE	
PLATE EXP. DATE		PLATE EXP. DATE	
YEAR		YEAR	
VEHICLE MAKE		VEHICLE MAKE	
MODEL		MODEL	
COLOR		COLOR	
OWNER'S NAME (If diff. from registrant)		OWNER'S NAME (If diff. from registrant)	

HANDICAP TAG: (MUST BE STATE ISSUED IN REGISTRANT'S NAME)

STATE PLACARD #	
STATE ISSUED	
EXPIRATION DATE	

The information above is both true and accurate. I certify the registered vehicle(s) above is insured by a company licensed to do business in Virginia. I agree to notify the Traffic Administration Office if and when any of this information changes. I will read and agree to abide by the rules and regulations set forth on the HUPD website. Furthermore, I understand that obtaining or displaying a decal under false pretenses is against the Code of Conduct and any violator of this policy is subject to disciplinary action.

SIGNATURE: _____ **DATE:** _____

(OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE))

Decal #1: _____	Administrative	Commuter	
	Faculty/Staff Reserve	Graduate	B _____
Decal #2: _____	Faculty/Staff	Resident	C _____
	Fleet	Summer	E _____
Assigned Parking Area:		Session	O _____
		Waiver	G _____
Lot #: _____		Resident	
		Resident	Issued By: _____
		Commuter	Date: _____

DL#: _____ **Exp. Date:** _____ **State:** _____