

Last Name _____ First Name _____ MI _____

PeopleSoftID* _____ Phone () _____

* Not required for OLLI members and non-University administered student programs.

Email Address: _____

Campus Affiliation (select one)☐ Avery Point ☐ Law School ☐ Hartford ☐ Stamford ☒ Storrs ☐ WaterburyCampus/Local Address _____ State _____ Zip _____
Street CityMailing Address _____ State _____ Zip _____
Street City**Vehicle Information**

License Plate _____ State _____ Year _____ Color: _____

Make: _____ Model: _____

Motorcycle Information (*commuter students only*)

License Plate _____ State _____ Year _____ Color _____

Make: _____ Model: _____

Please select from one of the following permit option**Special Permits**

- ☐ CEIN/BS Program – Fall \$60 / Spring \$120
- ☐ Intersession (only) – Storrs \$35
- ☐ Intersession (only) – Regionals \$18
- ☐ Winter Term – Storrs /Regionals \$26/\$18
- ☒ Summer Term \$0.00**
- ☐ 1 Day a week (Storrs – C or W Lot): \$62

With my signature on this form, I acknowledge that the motor vehicle registered herein, or any other motor vehicle under my control is subject to be ticketed, towed, or immobilized when the vehicle is found to be in violation of the University of Connecticut Parking Rules and Regulations.

I acknowledge that I am responsible for understanding the Parking Rules and Regulations. I acknowledge that I am responsible for understanding the Parking Rules and Regulations. A parking permit cannot be transferred to another individual.

Signature _____ Date _____

For Staff Use Only:**Staff Initials:** _____ **Date:** _____ **Permit Number:** _____ **Amount:** _____**Payment Type:** Cash Debit Husky Bucks MC Visa Discover Amex