2020-2021 Student Parking Registration Application

UTSouthwestern Medical Center

Please Print Last Name:		First Name:		Person Number:	
Automobile Information:					
Auto #1: License Plate:	State:	Make/Model:	Style: 2dr, 4d	r, CV, SUV, Van, TK, SW, HB, MC	
Auto #2: License Plate:	State:	Make/Model:	Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC		
Method of Payment: ☐ Cash ☐ Check #		**IMPORTANT** UTSW Policy ISR-155: Payment Card Industry Security PCI DSS compliance is required for UT Southwestern to be allowed to accept credit card payments, to protect cardholder data, and to reduce the risk of potential legal action or significant fines. Therefore, if paying by credit card, please visit our website or stop by our Parking Services office. **DO NOT RECORD CREDIT CARD INFORMATION ON THIS APPLICATION**			
STUDENTS PLEASE NOTE: Effective January 1, 2002, non-res this University, will be required by			-		-
PARKING LOCATION SELECTION Monthly Rate					
NORTH CAMPUS	WEST CAMPUS	SOL	JTH CAMPUS	OTHER	
Lot 21	Clements Univ Hosp (Lot O			Additional Decal (non-refundable)	\$ 40.00
Lot 17-Solar Panel Resident (Student Decal) \$ 10.00	Health Professions Lot 8	Resident (Stu	dent Decal) \$ 10.00 \$ 10.00	Qty:	\$ 40.00 Annually
Student \$ 10.00	⊢	\$ 10.00	,	Handicap (Must provide copy	\$ 10.00
	Student	\$ 10.00		of placard or proof of license plate.)	
I agree to assume full responsibility fo vehicle on campus. In accordance with website. I understand that failure to do Services to charge my credit card the to	h <u>FSS-257 Campus Parking</u> , I furtho o so may be the basis for further dis	er agree to abide by the curre	ent parking regulations wh	nich are located on the Parking S	Services .
I knowingly and freely agree that any u I knowingly and freely agree that UT Sou of employment.					
Signature			Date		-
Office Use Only					
Decal #:	Docal #		Docal #		
Decal #: Amount Paid:					
Receipt #:	Receipt #:	<u> </u>	Receipt #:		