



VEHICLE REGISTRATION FORM

1440 Canal Street, Suite 803
Phone (504) 988-5577
Fax (504) 988-3795

OFFICE USE ONLY

TULANE PERMIT #: _____ **REGISTRATION DATE:** _____

ACCESS CARD #: _____ **LOCATION:** _____

NAME _____

Last First Middle

SPLASH CARD ID # _____ DRIVER'S LICENSE # _____ STATE _____

CELL PHONE # _____ TULANE EMAIL _____

DEPARTMENT _____ OFFICE PHONE # _____

RESIDENCE HALL _____ ROOM # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

VEHICLE INFORMATION

LICENSE PLATE NUMBER _____ STATE _____ YEAR _____

MAKE _____ MODEL _____ COLOR _____ VEHICLE TYPE _____

PERMIT TYPE – CIRCLE ONE Student: **BS MED PH OTHER / RESIDENT PGY#** _____

FACULTY & STAFF PERMITS	OTHER
<\$29,999 = \$70/MONTH	STUDENTS = \$85/MONTH – Month/Yr Completing
\$30,000<\$59,999 = \$75/MONTH	RESIDENTS = \$75/MONTH
\$60,000+ = \$80/MONTH	OTHER = \$80/MONTH
	IT = \$80/MONTH
	POYDRAS GARAGE = \$145.00/MONTH
	RESERVED SPACES = \$25/ PER MONTH

PAYMENT TYPE – INITIAL ONE

CASH _____

FPP _____

AR _____

DEAN _____

NONE _____

PAYROLL DEDUCTION – INITIAL TWO

_____ FACULTY *or* _____ STAFF

and

_____ BI-WEEKLY *or* _____ MONTHLY

Permit is not transferable from person to person. By signing this document I am stating that I am the owner of this permit and all information listed above is true and correct to the best of my knowledge. I agree to read and abide by the Tulane University Parking and Traffic Regulations. I understand that I am fully responsible for the vehicle listed above. In the event that I do not pay a fine within 10 days of issuance, I understand that it will be payroll deducted and/or charged to my account.

SIGNATURE _____ **DATE** _____

Eff. Date: _____ **Data Entry:** _____ **By:** _____