

**University of Arkansas
Bicycle Registration Form**

University ID# or Driver's License#: _____ Driver's License State: _____

Name: _____ _____ _____
 Last First MI

Status (Check Only One): Student Faculty/Staff Visitor Vendor Construction Worker

_____ _____ _____ _____ _____
 Permanent Address City State Zip Home Phone

_____ _____ _____
Local Address (Office Building Code, Residence Hall, or Off-Campus) Local/Cell Phone Email

Mail Permit To: Permanent Address Local Address Pickup at Transit and Parking

Bicycle Information

_____ _____ _____ _____ _____
 Serial # Year of Purchase Make Model Color

Please complete and return this form to the Parking Office in the Administrative Services Building at 155 Razorback Road or mail to the following address:

attn: Debbie Wood
Transit and Parking Department
155 Razorback Road
Fayetteville, AR 72701