

**UNIVERSITY OF ARKANSAS
VEHICLE REGISTRATION FORM**

Office Use Only	
Temporary	[]
Replacement	[]

UNIVERSITY ID# _____ or DRIVER'S LICENSE# _____
(If not affiliated with UAF)

NAME: LAST _____ FIRST _____ MI _____

Status: Check Only One 1. Student 2. Faculty 3. Staff 4. Visitor 5. Vendor 6. Construction Worker

Permanent Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ e-mail Address _____

VEHICLE INFORMATION

License Plate #	State	Make	Model	Color	Year
#1.					
#2.					
#3.					

Registered Owner's Name and Address: _____

<p>STUDENT PAYMENT OPTIONS:</p> <p align="center"> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Accounts </p>

Please check one:

- I have read and *given my consent* to the FERPA Release form contained on page 2.
- I have read and *declined my consent* to the FERPA Release form contained on page 2.

I hereby agree to the following: My UA parking permit is for my individual use and may NOT be transferred or used by another individual. Any vehicle with unpaid parking citations is subject to tow and impound until all citations are paid. Payment of parking citations may be made by cash, check, Master Card, Visa, or Discover. UA employees may have their citations paid by payroll deduction, unless the vehicle has been booted or towed. In which case all citations must be paid before the vehicle will be released.

Signature _____ Date _____

OFFICE USE ONLY				
CASH []	CHECK []	PAYROLL DEDUCTION []	CHARGE []	INVOICE []
AMOUNT _____	CLERK _____	DATE _____		

FERPA POLICY FORM NO. 4
For University of Arkansas, Fayetteville

CONSENT TO RELEASE OF EDUCATION (Parking) RECORDS

TO: Transit and Parking Department, University of Arkansas, Fayetteville

DATE: _____

I hereby consent to the release of **any or all** University of Arkansas, Fayetteville, education (parking) records.

OR

the following specific University of Arkansas, Fayetteville, education (parking) records.

until such time as I withdraw this consent in writing or until such time as I have not been enrolled for two full calendar years.

Parents, guardians or family members to whom the records may be released [list name(s), mailing address(es), and telephone number(s)]:

*[Note: under Federal law, education records **may** be disclosed to parents of dependent students (as defined under the Internal Revenue Code) without consent of the student. 34 CFR § 99.31(a)(8).]*

Other person(s), agency(ies), institution(s), organization(s) or classes of persons, agencies, institutions, or organizations to whom the records may be released [give name, mailing address, and telephone number(s)]: _____

This authorization **replaces** any previous consent I have submitted.

OR

This authorization **supplements** any previous consent I have submitted.

(Name – Please Print)

(Signature)

(University ID Number)

(Telephone Number)

(Address)