UNIVERSITY OF ARKANSAS
VEHICLE REGISTRATION FORM

UNIVERSITY ID# ______________________ or DRIVER’S LICENSE# _______________________ (If not affiliated with UAF)

NAME: LAST ___________________ FIRST _______ MI _______________________


Permanent Address: __________________________ City __________________________ State ___________ Zip ____________

Home Phone __________________________ Cell Phone __________________________ e-mail Address __________________________

VEHICLE INFORMATION

<table>
<thead>
<tr>
<th>License Plate #</th>
<th>State</th>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>Year</th>
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</table>

Registered Owner’s Name and Address: _______________________________________________________________

STUDENT PAYMENT OPTIONS:

Cash □ Check □ Credit Card □ Student Accounts □

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 ________
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.

☐ 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.

☐ This authorization supplements any previous consent I have submitted.

(Name – Please Print) ___________________________________________ (Signature)

(University ID Number) ___________________________________________ (Telephone Number)

(Address)