

University of North Dakota Retiree Parking Permit Application

Permit is valid from August 1 through July 31

Fee: \$12.00

Last Name _____ First Name _____ MI _____

Cell Phone # _____ Home Phone # _____ Date of Birth _____

EMPL ID _____ Date of Retirement _____

Department Retired from _____

I am not working part time for UND

Home Address

Street _____ City _____ State _____ Zip _____

Email _____

Primary Vehicle

License Plate # _____ State _____ Vehicle Make _____ Year _____

2 Door 4 Door Pickup Van SUV Vehicle Model _____ Color _____

Secondary Vehicle

License Plate # _____ State _____ Vehicle Make _____ Year _____

2 Door 4 Door Pickup Van SUV Vehicle Model _____ Color _____

Payment Options

Choose your payment method:

- Over the phone
 Check (made payable to UND)

Please mail or email the completed form to:

UND Parking Services

3791 Campus Rd.

STOP 8368

Grand Forks, ND 58202

EMAIL: parking@und.edu

I certify the information is accurate to the best of my ability. I agree to abide by the University's parking policies and procedures.

Signature _____ Date _____

OFFICE USE ONLY

Permit # _____ Date Purchased _____ CCK/PCK _____

Verification Date _____

Receipt # _____ Amount Paid _____ Verification Time _____