EMPLOYEE
Parking Permit Registration

Please complete and return this form to Emory’s Parking Office on Clairmont Campus: 1945 Starvine Way, Suite 400B
Take the C, E, or Loop shuttle from main campus or park in Starvine Visitor Deck, the first 30-minutes are free. Office hours are Monday-Friday; 7:30am - 4:30pm. For questions related to parking, email parking@emory.edu.

I. APPLICANT INFORMATION

Full Name: ___________________________________________  ___________________________________________
   Last                        First                        Middle

Emory ID #: __________________________ Work location: __________________________ Work phone: ______________________

E-mail address: ________________________________________________________________

II. VEHICLE INFORMATION

Make (Manufacturer) __________________________

Model __________________________

License Plate #: __________________________

State of Registration __________________________

Primary color __________________________

III. PERMIT OPTION REQUESTED

☐ Annual permit
   Provides unlimited access to assigned parking area

☐ Occasional permit (Eagle Pass)
   Provides one access to assigned parking area per use. $5/swipe, purchase in increments of 5.

☐ Temporary permit
   Provides unlimited access to assigned parking area during the time period purchased, up to six months.
   Start date: __________           End date: __________

☐ Evening permit
   Provides unlimited access to assigned parking area after 2:00PM, Monday-Friday. Permit is not valid for use in permit areas between 6:00AM and 2:00PM, Monday-Friday.

IV. COMMUTE ALTERNATIVES - Custom Commute Planning

☐ I’m interested in finding a commute alternative (transit, carpool, vanpool, walk, bike).
   Please contact me with more information.

V. AGREEMENT/SIGNATURE

I understand that I am responsible for obtaining and familiarizing myself with Emory’s Parking Rules & Regulations, and by my signature below agree to abide by them. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Applicant Name (print) ___________________________________________
Signature ___________________________________________

Signature ___________________________________________