



VALDOSTA STATE UNIVERSITY

Visitor Parking Permit Application — 2025-2026 School Year

Parking & Transportation Department
LOCATION: University Center, Entrance 6 or 7, Suite 1300
ADDRESS: 1500 N. Patterson St. • Valdosta, GA 31698—0370
PHONE: 229.293.PARK (7275) • FAX 229.293.6222 • WEB www.vsuparking.com

OFFICE USE — PERMIT #

Disabled hang tags & license plates must be registered with Parking & Transportation before using disabled parking spaces. Please visit our office in person to register these.

Tag/Vehicle Information:

(PLEASE PRINT)

VEHICLE #1

State: (check one) ☐ GA ☐ FL ☐ Other: _____ Tag #: _____ Tag Type: (check one) ☐ Regular ☐ Wildlife ☐ VSU ☐ Other: _____

Year: _____ Make: (i.e. Toyota) _____ Model: (i.e. Camry) _____

Color: _____ Style: ☐ 2-Door ☐ 4-Door ☐ Van ☐ Pick-Up ☐ Other: _____

VIN# (provide VIN if no tag) _____

VEHICLE #2

State: (check one) ☐ GA ☐ FL ☐ Other: _____ Tag #: _____ Tag Type: (check one) ☐ Regular ☐ Wildlife ☐ VSU ☐ Other: _____

Year: _____ Make: (i.e. Toyota) _____ Model: (i.e. Camry) _____

Color: _____ Style: ☐ 2-Door ☐ 4-Door ☐ Van ☐ Pick-Up ☐ Other: _____

VIN# (provide VIN if no tag) _____

VEHICLE #3

State: (check one) ☐ GA ☐ FL ☐ Other: _____ Tag #: _____ Tag Type: (check one) ☐ Regular ☐ Wildlife ☐ VSU ☐ Other: _____

Year: _____ Make: (i.e. Toyota) _____ Model: (i.e. Camry) _____

Color: _____ Style: ☐ 2-Door ☐ 4-Door ☐ Van ☐ Pick-Up ☐ Other: _____

VIN# (provide VIN if no tag) _____

Personal Information: (permanent home address & phone)

DRIVERS LICENSE NUMBER _____ (_____) _____ — _____ HOME PHONE _____ E-MAIL _____

LAST NAME _____ FIRST NAME _____ M. I. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I certify the above information is accurate. I understand that I can find the complete Parking Policies on the Parking & Transportation web pages at www.vsuparking.com. The use of parking permits by individuals other than those whom the permit has been issued is prohibited.

APPLICANT SIGNATURE

DATE