



VALDOSTA STATE UNIVERSITY VISITOR Parking Permit Application

Parking & Transportation Department

LOCATION 1st Level, Sustella Avenue Parking Deck

ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698-0370

PHONE 229.293.PARK (7275) • **FAX** 229.245.4343 • **WEB** www.vsuparking.com

DATE(s) Permit Needed

Disabled hang tags or license plates must
be registered with Parking & Transportation
before parking in disabled spaces

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 _____ (_____) _____ - _____ E-MAIL _____
HOME PHONE

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.

VISITOR SIGNATURE

DATE