Southern University at Shreveport

University Police Department ~ Parking Permit ~ Fall/Spring/Summer

Please complete the below application prior to obtaining your current Parking Permit, along with the following information:

- 1. Current valid driver's license
- 3. Valid vehicle registration
- 2. Previous Faculty/Staff/Student Permit number
- I. Current Southern University Identification Card

Each FULL-TIME or PART-TIME member who drives a motor vehicle on campus is required to pay a \$30 permit registration fee (per vehicle) to the CASHIER at Southern University's Main Campus, 3050 Martin Luther King, Jr. Dr., Shreveport, LA, in order to park on any of the campuses of Southern University in Shreveport. All permits will expire each year on August 31st of any given year. It is imperative that you register your vehicle and that it is in compliance with all applicable State Motor Vehicle Laws before bringing it

onto this campus. Any replacement permit is \$30. Please protect your permit and do not interchange it with anyone as you will be responsible for any occurrences related to you permit number.

Information on parking:

- All <u>Blue painted</u> areas Parking for Faculty/Staff ONLY.
- <u>Student Parking</u> West side of University Police parking area and <u>Yellow</u> painted areas.
- <u>Reserved parking</u> space in front of Administration Building ONLY. <u>DO NOT PARK</u> in the Visitor's space when conducting business at SUSLA. <u>DO NOT</u> park along the curving in front of the Administration Building as this is a Fire Zone and you will be ticketed.
- <u>NO PARKING</u> in any of the Handicap or Fire Zone unless you have the proper license plate or hanging permit. If you are using someone else's vehicle that displays this information, you are in violation.

If you have questions or concerns please call the UPD Office (318-670-9349) M-F, 8:00 am - 6:00 pm; or Cell (318-573-6709) 24 hours

	E. P. Re	ynolds, Chief of Police	
PLEASE COMPLE	TE THE BELOW APPL	ICATON: Old Permit	#
	Current Permit #		
Check one of the below:			
//FACULTY//STAFF	//student ~ Other / /	ISSUED BY:	DATE:
Name:		Local Address:	
(Last)	(First) (MI)	CITY/STATE/ZIP:	
Last 4 SS#:	Driver's License #:	St	ate: Exp. Date:
Restrictions: //Y //N H	andicap License #	(Faculty/Staff): Department:	
	TRATION INFORMA		
MAKE:	MODEL	YEAR:	COLOR:
BODY STYLE: 2 Dr // 4 D	Or. / / Wagon / / Other / /	License Plate #	State
VIN:			
I hereby certify that the abo	ove information is true and correc	t. In addition, I affirm that the	owner of the vehicle has current insurance.
Signature:	Date:		
Revised: 8/2020			