

Faculty & Staff Vehicle Registration Form

Name: _____

Cell Phone: _____

Campus Address: _____

**If you would like the permit mailed to your home address, include a self-addressed stamped envelope – otherwise all permits will be sent to the campus address provided above.*

To be processed – ALL information must be completed and ALL outstanding fines must be paid.

State: _____ Plate: _____

Year: _____

Make and Model: _____

Color: _____

Body Type: _____

Registration Expiration: _____

Registered Owner: _____

Registered Address: _____

Circle all that apply:

CAS	\$0.00, additional vehicles \$7.00 each
CSEA	\$5.35, additional vehicles \$5.35 each
All Others	\$7.00, additional vehicles \$7.00 each
Lauderdale Health Center	See above
Residence Director	See above
LL Lot	\$155.35 CSEA, additional vehicles \$5.35 each \$157.00 All Others, additional vehicles \$7.00 each
W Lot	\$155.35 CSEA, additional vehicles \$5.35 each \$157.00 All Others, additional vehicles \$7.00 each

Mail checks or money orders payable to SUNY Geneseo to:

Parking & Transportation
1 College Circle
Schrader Hall, Room 19
Geneseo, NY 14454

You can also purchase your permits online at: www.geneseo.edu/PTS