

UAF Office of the Bursar

P.O. Box 757640, Fairbanks, Alaska 99775-7500

SRC Membership Expires: SRC Clerk Name:

Amount Collected at SRC for Parking:______ SRC Clerk Signature:_____ SRC Vehicle Registration Card

To receive your SRC parking permit, please complete the SRC Vehicle Registration Card for each vehicle you wish to register for the SRC parking permit. Bring the completed form and payment to the SRC. The SRC personnel will send the necessary information to the Office of the Bursar who will issue the permit for you to pick up at the SRC. If you will be parking a vehicle anytime, anywhere on any UAF facility, a current UAF parking decal, pass or permit must be purchased and displayed on your vehicle. For more information, contact the Office of the Bursar.

Last Name:	Fi	irst Name:			Middle Initial:
Mailing Address:		City:		State:	Zip Code:
Home Phone:	Cell Phone:			_ Email Address:	
Vehicle #1: License Plate #: Are you the:	State: N Registered Owner	/ake/Model/Color/Yea	ar: Driver		
Vehicle #2: License Plate #:	State: M	ake/Model/Color/Yea	r:		
Are you the:	Registered Owner	or	Driver		
Lagree to follow the LIAE parking rules	and regulations as outline	d in the Parking Man	ual nostad o	nline at http://uaf.edu/finsery/h	ursar/narkingsorvices/ I promise to

I agree to follow the UAF parking rules and regulations as outlined in the Parking Manual posted online at http://uaf.edu/finserv/bursar/parkingservices/. I promise to pay attorney's fees and other collection costs, which may be based on a percentage at a maximum of 40% of the debt, necessary for the collection of any amounts owed to University of Alaska. If I do not pay, University of Alaska may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073 and pursue other collection methods.

Signature:______Date: _____

Naturally Inspiring.

UAF is an AA/EO employer and educational institution.



First Floor Signers' Hall 907-474-7384 907-474-5898 fax uaf-bursar@alaska.edu www.uaf.edu

Date: _____

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SKC Vehicle Registration Card

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Last Name:	First Name:			Middle Initial:
Mailing Address:	Ci	ty:	State:	Zip Code:
Home Phone:	Cell Phone:	E	Email Address:	
Vehicle #1: License Plate #:				
Are you the: Vehicle #2: License Plate #:	Registered Owner <u>or</u> State: Make/Model/0			
Are you the:	Registered Owner <u>or</u>			
Lagree to follow the LIAF parking rule	s and regulations as outlined in the Par	king Manual posted onlig	ne at http://uaf.edu/finserv/hu	irsar/narkingservices/ I promise to

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Signature:

