

CARPOOL REGISTRATION FORM

Please fill out the following form to register your carpool with FAU. Once you receive your decal in the mail, you will be able to use the carpool parking spaces at FAU. Information will be provided to FAU Parking & Transportation notifying them that your carpool is eligible. Please return completed form to **South Florida Commuter Services, 5217 NW 33rd Avenue, Ft. Lauderdale, FL 33309** or fax to **(954) 731-7319**.

What days are you normally on campus?: Sun ___ Mon ___ Tue ___ Wed ___ Th ___ Fri ___ Sat ___

I usually arrive to campus at ___ am/pm and leave campus at ___ am/pm

Carpooler #1

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home/Cell Phone No. _____ Work Phone No. (Faculty/Staff Only) _____

Email Address _____

Are you: Faculty/Staff or Student? Faculty/Staff Student Student/Faculty ID # _____

I am registering a vehicle: Yes, I am a driver No, I am only a passenger FAU Parking Permit #: _____

Vehicle License Plate# _____ State of Registration _____ Vehicle Make & Model _____

Carpooler #2

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home/Cell Phone No. _____ Work Phone No. (Faculty/Staff Only) _____

Email Address _____

Are you: Faculty/Staff or Student? Faculty/Staff Student Student/Faculty ID # _____

I am registering a vehicle: Yes, I am a driver No, I am only a passenger FAU Parking Permit #: _____

Vehicle License Plate# _____ State of Registration _____ Vehicle Make & Model _____

Carpooler #3

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home/Cell Phone No. _____ Work Phone No. (Faculty/Staff Only) _____

Email Address _____

Are you: Faculty/Staff or Student? Faculty/Staff Student Student/Faculty ID # _____

I am registering a vehicle: Yes, I am a driver No, I am only a passenger FAU Parking Permit #: _____

Vehicle License Plate# _____ State of Registration _____ Vehicle Make & Model _____

Signature required of each carpooler. We believe this information is accurate to the best of our knowledge.

Carpooler #1 _____ Carpooler #2 _____ Carpooler #3 _____

** All personal information submitted to SFCS will be kept confidential. SFCS will verify the information provided. If SFCS finds any of this information to be false, registration will be denied.

** If you need space to identify additional carpoolers, please include the information requested above for poolers 1-3 on a separate sheet of paper.

