

# 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 the FAU Boca Raton Campus. Information will be provided to FAU Traffic & Parking 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**.

**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 # \_\_\_\_\_

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

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 # \_\_\_\_\_

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

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 # \_\_\_\_\_

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

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.