



THE UNIVERSITY of
MISSISSIPPI

Lost/Stolen/Replacement Permit

Personal Information

Name _____ Date _____
 UM ID#/ DL# _____ E-Mail _____
 Phone # _____
 Address _____
 _____ Signature _____

Vehicle information to be associated with the replacement permit:

State: _____ License Plate: _____ Year: _____
 Make: _____ Model: _____ Color: _____

Comments:

Deactivated permits are not allowed back on University property. Any vehicle displaying a deactivated permit will be booted and/or towed. This form will be notarized, assuring that upon your signature, all information and statements provided are both true and valid.

*****Office Use Only Below This Line*****

Reason for Replacement:

REPLACEMENT _____ LOST _____ STOLEN _____

Decal # _____ Classification _____

Replacement Decal # _____ Replacement Cost _____