FACULTY/STAFF VEHICLE REGISTRATION FORM

APPLICANT’S NAME:
(Circle One)
Dr.  Mr.  Mrs.  Miss  Ms.  Last Name  First Name  Middle Name

WORK ADDRESS:
Office Room #  Department  Phone Number

LOCAL ADDRESS:
Street #  Street Name  Apt. #  City  State

VEHICLE INFORMATION:
State  Yr  License Plate #  Make  Model  Type (2dr.  4dr.  Pickup)  Color  Model Year

REGISTERED OWNER OF VEHICLE:
Last Name  First Name  Middle Name
Street #  Street Name  Apt. #  City  State  Zip Code

EMPLOYMENT STATUS
(Faculty/Staff Acknowledgement)

FACULTY  A  Full-Time  R  Research Assistant
B  Part-Time  T  Teaching Assistant

STAFF  C  Full-Time  S  Student Assistant
D  Part-Time

Is your son, daughter, or spouse a student?  Yes  No

Is your son, daughter, or spouse an employee?  Yes  No

By accepting this decal, I acknowledge receipt of the “Traffic and Parking Regulations.” I understand that my parking privileges will be canceled upon the termination of employment and that any refund request requires the return of decal remnants.

Signature

PLEASE INDICATE PAYMENT METHOD

Annual Permit Amount $ ________________

Cash

Charge Card

Expiration Date

Payroll Deduction

A payroll authorization form must be completed and signed to initiate a payroll deduction.

If a 3rd permit is being requested, the $2.00 additional permit fee must be paid by cash, check, or credit card.

Classification/Title

Name of Dean, Dept. Chairperson, or Supervisor

With few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; the individual is entitled to receive and review the information; and the individual is entitled to have the state governmental body correct information about the individual that is incorrect.