

FACULTY – STAFF Parking Permit Application



Please Print

Last Name: _____

First Name: _____ MI: _____

NU Employee I.D.: _____

This is not your Social Security Number.
Your Employee I.D. can be found on your WildCARD.

Home Address: _____

City: _____ State: _____ Zip Code: _____

| | Make | Plate Number | Plate State |
|------------|-------------|---------------------|--------------------|
| Vehicle 1: | _____ | _____ | _____ |
| Vehicle 2: | _____ | _____ | _____ |

Employment Status:

Full Time = More than 20 hours per week.

Part Time = 20 hours or less per week.

Faculty/Staff Only:

I authorize the University to deduct through payroll deductions the monthly amount of \$ _____, ending in October.

All Applicants:

I certify that the above is my legal address. I understand that falsifying my address or any other information in this application may result in the loss of parking privileges, parking fees and criminal charges.

Date: _____ Signature: _____

Office Use Only

| | |
|--|--|
| Permit 1: Type _____ Year _____ | Permit 2: Type _____ Year _____ |
| Fee Code: _____ | Fee Code: _____ |
| | Car Pool #: _____ |
| Deduction: _____ | Fee: _____ |
| RP#: _____ | O.B.#: _____ |
| RF#: _____ | |
| Date: _____ | |

PERMIT : _____

AMOUNT: _____

NAME: _____