

# FACULTY – STAFF Parking Permit Application



NORTHWESTERN  
UNIVERSITY

**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: \_\_\_\_\_

	<b>Make</b>	<b>Plate Number</b>	<b>Plate State</b>
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.

**Faculty/Staff Only:**

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. In addition to this amount, in the event that a government agency (city, county, etc.) increases applicable parking taxes during this time, I authorize the University to deduct an amount equal to that additional parking tax from my payroll.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Office Use Only**

**Permit 1:** Type \_\_\_\_\_ Year \_\_\_\_\_ **Permit 2:** Type \_\_\_\_\_ Year \_\_\_\_\_

Fee Code: \_\_\_\_\_ Fee Code: \_\_\_\_\_

Car Pool #: \_\_\_\_\_

Deduction: \_\_\_\_\_ Fee: \_\_\_\_\_

RP#: \_\_\_\_\_ O.B.#: \_\_\_\_\_

RF#: \_\_\_\_\_

Date: \_\_\_\_\_