

GRAY AREAS FOR OFFICE USE ONLY

SECONDARY PERMIT NUMBER O/TM/H/M								

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ E-mail _____
 SHU ID Required _____
 Department _____ Extension _____

Please fill out the below for TEMPORARY PERMITS ONLY

I am a (Please Check One):

- Resident Student
- Commuter Student
- SHU Employee
- Temporary Employee
- Vendor

I am registering this vehicle for (Please Check One):

- Myself
- My non-SHU Guest (you may NOT register another community member's vehicle)

If registering this vehicle for a Guest my Guest's name is:

Permit Needed For:

Permit Start Date _____ Permit End Date _____

TODAY'S DATE

Signature - By my signature I agree to abide by the SHU parking rules and regulations as well as bicycle rules and regulations. I authorize any unpaid summons (past, present or future on this vehicle) to be deducted by payroll deduction or bursar transfer.

- Vehicle Registration Present
- SHU ID Present

Received By _____

Entered By _____ Date Entered _____

Please fill out the below for SEMESTER or ANNUAL PERMITS ONLY

First Vehicle

Vehicle Make _____ Vehicle Model _____

Vehicle Color _____ Vehicle Year _____

License Plate No. _____ State _____

Style (Please check one)

- 2 Door
- 4 Door
- Motorcycle
- Pick-up
- Station Wagon
- SUV
- Van

Second Vehicle (Carpool/Multi/Faculty/Adjunct/Employee ONLY)

Vehicle Make _____ Vehicle Model _____

Vehicle Color _____ Vehicle Year _____

License Plate No. _____ State _____

Style (Please check one)

- 2 Door
- 4 Door
- Motorcycle
- Pick-up
- Station Wagon
- SUV
- Van

Bicycle Information

Bicycle Make/Brand _____ Bicycle Color _____

Bicycle Serial Number _____

Commuter	\$ _____	Employee	\$ _____
Evening	\$ _____	Faculty	\$ _____
Resident (90 cr)	\$ _____	Adjunct Faculty	\$ _____
Summer	\$ _____	Motorcycle	\$ _____
Vendor	\$ _____	Special	\$ _____
Carpool	\$ _____	Construction	\$ _____
Temporary	\$ _____	Bicycle	\$ _____

- Carpool/Multi-Vehicle
- Replacement
- Update Only

Payment

- IDT # _____ Department _____

- Check - Check # _____ Bank _____

- Payroll Deduction (PD)
- Bursar Transfer
- N/F

Exception (Prior Approval from Applicable School/College or Department Required)

- College of Nursing
- College of Education
- Engineering
- Leadership Studies
- Internship
- Medical
- Other _____

AMOUNT ENCLOSED

(CASH IS NO LONGER ACCEPTED)

\$ _____ . _____
