NORFOLK STATE UNIVERSITY
Parking Services
Payroll Deduction Form

I hereby authorize Norfolk State University to deduct semi-monthly $_____ from my payroll check for payment of a University decal(s).

Name_____ NSU ID#_____

Address_____ Phone_____

City_____ State_____ Zip_____

(Please leave dates blank) Start Date _____ Stop Date _____ F ac/Staff _____ Part-Time F/S _____

_____ Date_____
Employee Signature

_____ Date_____
Parking Services Authorized Signature

NORFOLK STATE UNIVERSITY
APPLICATION FOR VEHICLE REGISTRATION

OFFICE USE ONLY
Type Decal _____
Decal #_____
RESERVED
Lot #_____
Decal #_____

Drivers Lic. No. _____

NSU ID#: _____

Name_____
Last First MI

Local Address_____
Street City State Zip Code

Permanent Address_____ _____
Street City State Zip Code Telephone #

(CANNOT USE NSU ADDRESS)

Make_____Model_____Yr_____Color_____Lic/Plate No._____ State_____

Name of Owner which vehicle is registered_____

PLEASE READ

I hereby affirm that the above information is true. I agree to comply with Norfolk State University's parking regulations. I understand that Norfolk State University is not responsible for personal injury, pilferage or damage to my vehicle while parked on campus. I acknowledge that I am (or my spouse, parent or guardian is) the owner of vehicle being registered.

Signature_____ Date_____