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_________________________________________ STATE ID#____________________
Address_________________________________________ Phone__________________________
City_________________________________________ State__________ Zip__________
(Please leave dates blank) Start Date Stop Date F ac/Staff Part-Time F/S

____________ ___________ ___________ ______________ ___________

Employee Signature

Employee Signature

Parking Services Authorized Signature

NORFOLK STATE UNIVERSITY
APPLICATION FOR VEHICLE REGISTRATION

Drivers Lic. No. ____________________________
NSU ID#: ____________________________

Residential Status:_________________________ Classification: Freshman Sophomore Junior Senior Faculty/Staff

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__________________________