

**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    Faculty/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#: \_\_\_\_\_

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 \_\_\_\_\_