

**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 # _____

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 _____