

PLEASE PRINT

FOR OFFICE USE ONLY

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

SHU ID Required _____ - _____

Department _____ Extension _____

Date

Signature - By my signature I agree to abide by the SHU parking rules and regulations. I authorize any unpaid summons to be deducted by payroll deduction or bursar transfer.

Received By _____

SECONDARY PERMIT NUMBER O/TM/H/M							

Vehicle Make _____ Vehicle Color _____

License Plate No. _____ State _____

- | | | | |
|------------------|----------|-----------------|----------|
| Commuter | \$ _____ | Employee | \$ _____ |
| Evening | \$ _____ | Faculty | \$ _____ |
| Resident (90 cr) | \$ _____ | Adjunct Faculty | \$ _____ |
| Summer | \$ _____ | Motorcycle | \$ _____ |
| Vendor | \$ _____ | Special | \$ _____ |

Carpool and Multi-vehicle permits will incur an additional cost.

- Pirates Gold (PG) - Credit Card - AMEX/VISA/MC (CC)
- Check - Check # _____ - Payroll Deduction (PD)
- BU - IDT # _____ CASH IS NO LONGER ACCEPTED)
- Carpool/Multi-Vehicle
- Replacement - Update Only

AMOUNT ENCLOSED

\$ _____ . _____
