

2017-2018 Parking Permit Application Graduate/ Teaching/ Research Assistant

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Area: Locust Locust Locust Evening Only				Term: Annual	Term: ☐ Annual ☐ Academic ☐ Semester	
Status: Campus Resid	ent Commute	er School o	f Study:			
Living Learning Community	y:	Email:				
Name:						
Last		First		Middle Initial	Last 4 digits of SS #	
Local address:Street		City	State	Zip Code	Cell Phone	
VEHICLE INFORM	ATION: If this inf	Cormation is no	t completed,	we will be unable to p	process your permit request.	
Plate No.	State	Year	Make	Model	Color	
Plate No.	State	Year	Make	Model	Color	
The purchase of a parking is created by the granting of pa University assumes no responsi Officers of the Department of H All parking permits and preparties are intended for the except in the loss of parking privileges all university citations issued to park any vehicle on Duque subjected to a citation. In any case, lack of space.	permit is authorization rking or vehicle oper bility for the care or public Safety do patrol coximity cards remain and could result in the othe vehicles listed park on campus between University proper is NOT considered aver read and agree with the permit of the purchased proper is not considered aver a safety and agree with the permit of the permit o	on to park within ating privileges of protection of vehical all University particles and are no e issuance of traffand/or issued to a veen the hours of erty between the a valid excuse full the conditions	a specified area in property owner cles or their conversion of their conversions. Duquesne University transferable. The citations and any vehicle in vehicle in vehicle of the conversion of this application of this application.	ed, leased or otherwise cotents while operated or particle and must be surrend the unauthorized transfer for towing. The purcha which their permit is disparent to a.m. No commuter a.m. through 5:00 a.m. any parking regulation ion.	ontrolled property. No liability introlled by the University. The arked on University property. Idered upon demand. Parking of a parking permit will result ser is responsible for any and olayed. Commuter parking permit holder is permitted. Any violation will be	
Signature				Date		
METHOD OF PAYME				□ Diagram		
☐ Student Account* ☐ Payroll Deduction via Student Account*	Cash Check		isa asterCard	☐ Discover		
* Must complete the attach	ed "Payment Autho	orization Form"		Amount		
	FOI	R OFFICIAL	USE ONLY	BELOW		

Hangtag No.	Proximity Card No.	Expiration Data
Taliguag 110	1 10x11111ty Curu 110.	Expiration Date



2017-2018 Parking Permit Payment Authorization Form

STUDENT ACCOUNT

Title IV Funds Authorization

In accordance with Federal Regulations, students must sign below authorizing the University to apply any financial aid received including all federal sources, toward any and all charges assessed to the student's account.

Student Name (please print)	
Student Signature	
Date	Banner ID Number D0
Amount Requested	
PAYR	ROLL DEDUCTION
requested below for payment toward a Univer	uesne University to deduct from my earnings the amount rsity Parking Permit. I understand the amount will be divided pays total for semester permit/ 16 pays total for academic or
I agree to contact the office of Student According stop receiving pay from the University or my	unts to make other payment arrangements in the event that I pay does not cover the balance owed.
Student Name (please print)	
Student Signature	
Date	Banner ID Number D0
Amount Requested	