



Employee/Affiliate Parking Registration Form

Please complete and submit to the Auxiliary and Support Services Office with your PantherCard.

 Last Name First Name M.I. PantherCard # Employee I.D. #

 Department/Building Work Phone Ext. Email Address

Check one in each column:

<input type="checkbox"/> Faculty-12 month M03 <input type="checkbox"/> Faculty-9 month <input type="checkbox"/> Physical Plant Staff B06 <input type="checkbox"/> Staff <input type="checkbox"/> Part-Time Instructor M05 <input type="checkbox"/> Vendor/Contractor <input type="checkbox"/> Other _____	<input type="checkbox"/> Payroll Deduction (Bi-weekly or Monthly deduction from check) <input type="checkbox"/> Daily Rate (pay per entry) <input type="checkbox"/> Invoice(Department or Company to be billed) <input type="checkbox"/> Prepaid <input type="checkbox"/> Other _____ <input type="checkbox"/> EFT
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Vehicles: (Only one permit will be issued. Permit may be transferred to whichever vehicle is driven.)

Model	Make	Color	Year	Tag #	State
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

I have received a copy of the Georgia State University Parking Brochure and will abide by the rules stated in the brochure. I understand that it is the responsibility of all Georgia State University employees, with payroll deduction parking, to review their paychecks to ensure that parking fees are being accurately deducted. In the event that any accounting error occurs, the employee shall still be subject to the cost of parking owed. If there is a concern or question, please contact Auxiliary and Support Services at 404-413-9500.

 Signature (required) Date

(Office Use Only)

PARKING AREA	PERMIT NUMBER	DATE RECEIVED	DATE RETURNED	CSR INITIALS

Remarks _____

ACCT# _____