

FACULTY AND STAFF PERMIT REGISTRATION AND AUTHORIZATION FORM

Transportation Services Office

Purpose: This form is used to request a Penn State University parking permit and to authorize payment for said permit.

TO BE COMPLETED BY DEPARTMENT PARKING CHAIR

Date Issued: _____

Permit #: _____

Parking Chair Code: _____

Pay Frequency: _____

EMPLOYEE INFORMATION

Employee PSU ID #: _____

Employee Last Name: _____

First Name: _____

Middle Initial: _____

Home Address: _____

Work Phone #: _____

ADA Placard #: _____

Personal Phone #: _____

Copy of Americans with Disability Act ID card required.

PSU Email: _____

VEHICLE INFORMATION

Permit holders are responsible for maintaining accurate license plate information with their permit. Visit the [Manage Vehicle Information](#) page on the [Transportation website](#) for instructions on updating vehicle information online. Failure to report vehicle information changes may result in vehicles being towed from campus and unpaid tickets being sent to the registered vehicle owner.

AUTHORIZATIONS:

I have received a Penn State parking permit and I understand the permit remains the property of The Pennsylvania State University and **must be returned** upon leave without pay, retirement, termination, or at the request of Transportation Services.

I agree to abide by all [Faculty/Staff Parking Regulations](#) in accordance with Penn State Policy [BS03 Faculty and Staff Parking Rules and Regulations](#). I further understand and authorize Transportation Services to deduct all applicable parking fees including the cost of violations incurred, from my salary as long as I am in possession of this parking permit regardless of use. Sabbatical, medical leave, or absence from the campus does not excuse the permit-holder from payment. If I am in possession of this parking permit but unable to be payroll deducted for the associated fees, I will be billed for any outstanding fees and must make a direct payment to Transportation Services by the stated deadline.

Employee Signature

Date:

PERMIT RETURNED:

Date Permit Returned: _____

Date Payroll notified to stop deductions: _____

Employee Signature

Parking Chair Signature