

# Central State University

## Parking Permit Application for 2023-2024 School Year

Employee or Student ID number:

Decal #

Permit type requested (check all that apply):

Student

Reserved Faculty/Staff

Motorcycle

President/Cabinet Member

General Faculty/Staff

Additional Vehicle

Adjunct

Name:

(Last)

(First)

(Middle)

Home Address:

(Street)

(City)

(State)

(Zip)

Phone:

Office Extension:

Driver's License Number:

State:

**Vehicle #1**

Color:

Year:

Make:

Model:

License Plate Number:

State:

**Vehicle #2**

Color:

Year:

Make:

Model:

License Plate Number:

State:

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***This section for CSU Faculty/Staff only:***

I hereby authorize Central State University to deduct the following amount from my pay:

\$

One time, paid in full

\$

Over two pay periods

Signature of employee:

Date:

Office Use Only: CMO INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_