

Today's Date: ____/____/____ Monthly Biweekly

SHADED AREA FOR OFFICE USE ONLY.

Issued By: _____ Permit#: _____ EPRK Entry Date: _____

New Continue Total Received: \$_____ Payroll Deduction: \$_____ Per Month: \$_____

Begins: ____/____/____ Notes: _____

PERMIT HOLDER: Faculty Staff Grad Student Student Post Doc Other: _____

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ Home/Mobile Phone: _____

UCSD ID#: _____ Payroll Title: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____

Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____

PRIMARY WORK LOCATION:

Campus Hillcrest Thornton/Perlman Shiley SIO TPCS TPCN

Other: _____ Campus Phone: X_____ Mail Code: _____

I certify the foregoing information to be true and hereby apply for a UC San Diego parking permit. I understand that my permit is valid throughout the academic year, unless I complete and sign a cancellation form and surrender my parking permit to the Parking Office. I will be responsible for all charges accrued while the permit is valid. I understand that parking permit fees are subject to change, as stated in the UC San Diego Parking Rules and Regulations. I have read and agree to abide by the regulations and payment stipulations pertaining thereto.

Signature _____ Date ____/____/____

Payroll Deduction Authorization: I am eligible for and authorize parking fee payroll deductions.

Student Account Autohization: I am eligible for and authorize parking fee student account deductions.

Signature _____ Date ____/____/____

Note: Please be advised that you park on university property at your risk. Always lock your vehicle and conceal valuables.