

Central State University

Parking Permit Application for 2024-2025 School Year

Employee or Student ID number:

Decal #

Permit type requested (check all that apply):

Student

Reserved Faculty/Staff

Adjunct

President/Cabinet Member

General Faculty/Staff

Additional Vehicle

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:

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: _____