# Saint Xavier University
# Department of Public Safety
# (773) 298-3950

## Faculty and Staff Parking Permit Payment Information

____ **Enclosed is my check or money order in the amount of $150.00 (valid for the 2015/2016 school year) made payable to Saint Xavier University.**
____ **Enclosed is my check or money order in the amount of $80.00 (valid for the fall semester only) made payable to Saint Xavier University.**

____ **I would like to purchase my 2015/2016 school year parking permit through payroll deduction.**
____ **Deduct total amount due ($150.00) from my next paycheck.**
____ **Deduct total amount due in two equal installments ($75.00) from my next two paychecks.**
____ **Deduct total amount due in four equal installments ($37.50) from my next four paychecks.**

____ **I would like to purchase my fall semester parking permit through payroll deduction.**
____ **Deduct total amount due ($80.00) from my next paycheck.**
____ **Deduct total amount due in two equal installments ($40.00) from my next two paychecks.**
____ **Deduct total amount due in four equal installments ($20.00) from my next four paychecks.**

_____ _____
**Name (Please Print)** **Employee ID Number**

_____ _____
**Department** **Telephone Extension**

_____ _____
**Signature** *(Required)* **Date**

## Saint Xavier University Staff / Faculty Permit Registration Form

Decal Regis. #: _____ (Office use only) ☐ STAFF ☐ FACULTY Date: _____

Name of Permit Recipient: _____ (Last Name) _____ (First Name) _____ (Mid. Init.)

SXU E-Mail Address: _____ Home Phone #: (  ) _____

Cell Phone # (  ) _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Expiration Date: _____ SXU ID #: _____ (6 digit number)

Registered Vehicle Owner: _____ (If different from recipient) (Last Name) _____ (First Name) _____ (Init.)

Home Address: _____ City: _____ State: _____ Zip Code: _____ (If different from above)

Vehicle 1
Make: _____ Color: _____ Year: _____ License Plate #: _____ State: _____

Vehicle 2
Make: _____ Color: _____ Year: _____ License Plate #: _____ State: _____

As a term and condition of being granted the privilege of parking a vehicle on campus, I hereby consent to having any unpaid fines, that are more than 90 days deliquent and not in appeal, deducted from my paycheck.

_____
Signature

2015-2016