

University Parking Registration River Campus

Last Name _____ M.I. _____ First Name (No Nickname) _____ Emp ID# (6 digits) _____

Home Address _____ City _____ State & Zip _____

UR Dept./Company/School/Agency _____

Address _____ City _____ State & Zip _____

Supervisor _____ UR Phone _____ Cell _____

Shift Daytime/Rotate Evening Night **Pay group** Bi-weekly Semi-Monthly Monthly
Staff only 3pm-11am 11pm-7am

Status Full-time Staff Part-time Staff Strong Staffing Temp Agency Visiting Student Retiree
 25 Hrs or More 24 Hrs or Less
 Evening Student Resident Student Commuter Student Contractor Third Party Occasional
 After 4pm

LICENSE PLATE	STATE	YEAR	MAKE	COLOR	PERMIT #	LOT	COST

METHOD OF PAYMENT: Payroll Deduction Check/M.O. _____ Requisition# _____
 Credit Card# _____ Expiration (Month/Year) _____
 Cash Third Party – Accountant will invoice

Date: _____ Applicant Signature X _____

Your signature validates your intent to purchase a permit from the University of Rochester, authorizes the above payment and compliance with the University Guidelines.