LSU HEALTH SCIENCES CENTER PARKING REGISTRATION

COMPLETE BOTH SIDES USING A NO. 2 PENCIL

LAST NAME	FIRST NAME	MI

CLASSIFICATION
STAFF
P/T STAFF
FACULTY
P/T FACULTY
GRATIS FACULTY
CLINIC FACULTY
CONTRACT
FELLOW
STUDENT/WK
STUDENT/NUR
STUDENT/MED
STUDENT/AH
STUDENT/GRD
RESIDENT
TEMP EMPLOYEE
STUDENT/VISIT
STUDENT/SUMR
ADMIN (1542)
ADMIN (ROMAN)
DELGADO
DENTAL STAFF
DENT P/T STAFF
DENT FACULTY
DENT P/T FACTY
DENT GRAT FACTY
ENTERGY
HDC PARENT
HEALTH NTWK
STUDENT DENTAL
MCL STAFF
ONCALL DR

WORK LOCATION
MED SCH
MED ED
NUR SCH
RES HALL
CHARITY
DEN SCH
LIONS
ALL HLTH
RESOURCE CENTER
UNO TECH
CLIN SCI
UHMOB
UNIVERSITY
MCL HOP
BUTTERWORTH
VA

VEHICLE LIC. NO. #1	VEHICLE LIC. NO. #2

STATE OF LIC. #1	STATE OF LIC. #2
LA MT	LA MT
AK NB	AK NB
AL NV	AL NV
AZ NH	AZ NH
AR NJ	AR NJ
CA NM	CA NM
CO NY	CO NY
CT NC	CT NC
DE ND	DE ND
DC OH	DC OH
FL OK	FL OK
GA OR	GA OR
HI PA	HI PA
ID RI	ID RI
IL SC	IL SC
IN SD	IN SD
IA TN	IA TN
KS TX	KS TX
KY UT	KY UT
ME VT	ME VT
MD VA	MD VA
MA WA	MA WA
MI WV	MI WV
MN WI	MN WI
MS WY	MS WY
MO FOR	MO FOR

VEHICLE MAKE #1	VEHICLE MAKE #2
ACURA	
BMW	
BUICK	
CADILLAC	
CHEVY	
CHRYSLER	
DAEWOO	
DODGE	
FORD	
HONDA	
HYUNDAI	
INFINITY	
ISUZU	
JEEP	
KIA	
LEXUS	
LINCOLN	
MAZDA	
MERCEDES	
MERCURY	
MITSUBISHI	
NISSAN	
OLDS	
PLYMOUTH	
PONTIAC	
SATURN	
SUBARU	
TOYOTA	
VW	
VOLVO	
IF OTHER	

VEHICLE COLOR #1	VEHICLE COLOR #2
BLACK	
BLUE	
BROWN	
CREAM	
GOLD	
GREEN	
GRAY	
MAROON	
ORANGE	
RED	
SILVER	
TAN	
WHITE	
YELLOW	
OTHER	

VEHICLE YEAR #1	VEHICLE YEAR #2
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

#1	VEHICLE TYPE	#2
	4 DOOR SEDAN	
	2 DOOR SEDAN	
	VAN/BUS	
	PICK UP	
	MOTORCYCLE	
	STATION WAGON	
	SPORTS/UTILITY	
	OTHER	

WORK PHONE

SOCIAL SECURITY NUMBER

DO YOU LIVE IN STUDENT HOUSING?

YES NO

BUILDING _____ Apt./Rm# _____

LOCAL HOME STREET ADDRESS

CITY

STATE ZIP

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AGREEMENT TO COMPLY WITH RULES AND REGULATIONS OF LSUHSC CAMPUS PARKING

As a condition of receiving parking privileges from the LSU Health Sciences Center, I agree it is my responsibility to understand and comply with all rules and requirements contained in the parking regulations, a copy of which I acknowledge receipt of with my vehicle registration forms. Further, I understand that noncompliance can result in my receipt of a notice of violation citation with a monetary penalty assessed in accordance with the schedule of violation fees which is a part of the parking regulations.

I further acknowledge, agree, and authorize the LSU Health Sciences Center - New Orleans:

1. To deduct delinquent violation assessments not under review by the Parking Committee from my next payment from the LSU Health Sciences Center from any source (if applicable).

2. If I am a student, to delay provision of grade transcripts and/or clearance for graduation until any outstanding violation assessment is satisfied.

3. If I am a contract parker, I understand that my parking privileges will be revoked and not reinstated until any violation assessment that becomes delinquent is satisfied and that upon incurring a third such delinquent violation, that my parking privileges will be permanently revoked.

My signature to this document indicates I have read, understand, and will comply with the requirements of this document.

SIGNATURE

DATE

PLEASE DO NOT WRITE OUTSIDE THE BOXED IN AREAS

FOR OFFICIAL USE ONLY

FEE BASIS
- FISCAL YEAR
- 6 MO.
- PRO-RATED
- RSVD PARKING
- P/T
- GRATIS
- OTHER

PAYMENT TYPE
- CONTRACT
- PAYROLL DED
- CASH
- CHECK
- IT
- OTHER
- STUDENT FEES
- GRATIS
- BUSINESS OFF

AGENCY
- LSU
- MCL
- DEN

DECAL TYPE
- WHITE
- ORANGE
- GREY
- RED
- GREEN
- YELLOW
- BLACK
- BLUE
- BROWN
- PURPLE
- PINK
- AQUA
- LAVENDER

FEE

CARD NO.

DECAL NO. #1

DECAL NO. #2

LOT
- 1542
- ROMAN
- STUDENT
- LKSIDE
- TULANE
- I-10 1
- DERBIGNY
- RES. HALL
- OTHER
- DENTAL ST
- DENTAL FAC
- DENTAL RESV
- HORSESHOE
- GRAVIER
- ROSENBERG
- I-10 2
- I-10 3
- CLEVELAND
- DOCTORS
- PERDIDO
- S. JOHNSON
- YELLOW-TULANE
- UHMOB
- L & M

CODE

DEPARTMENT

NOTES

PROCESSED BY: