



2017 – 2018 Vehicle – ID Registration Form

Vehicle Registration Fee: \$50.00 Students, Faculty, Staff
\$25.00 Adjunct Faculty – Part Time Staff

Replacement ID: \$20.00

Last Name:		Payment Options (check one)	
First Name:			
M.I.		<input type="checkbox"/> Check or money order for \$_____ enclosed (No cash) <input type="checkbox"/> Online Payment by credit card or e-check <i>(Attach receipt)</i> To pay online: Go to www.usj.edu/payonline and click "University of Saint Joseph Online payment System". Select "Parking Permit Payment" option	
Email:			
Phone Ext.		Payroll Deduction (Faculty/Staff Only) <input type="checkbox"/> Faculty/Staff (\$50.00) <i>By signing below, I hereby authorize the University of Saint Joseph to deduct \$50.00 from my next paycheck.</i> <input type="checkbox"/> Adjunct Faculty/Part Time Staff (\$25.00) <i>By signing below, I hereby authorize the University of Saint Joseph to deduct \$25.00 from my next paycheck.</i>	
<input type="checkbox"/> Faculty/Staff/Adjunct ID # _____ <input type="checkbox"/> Student ID # _____			
Vehicle Registration Type (check one) <input type="checkbox"/> Commuter Student (\$50.00) <input type="checkbox"/> Resident Student (\$50.00) <input type="checkbox"/> Faculty/Staff (\$50.00) <input type="checkbox"/> Adjunct Faculty (\$25.00)		<input type="checkbox"/> Payroll Deduction (Faculty/Staff Only) <i>By signing below, I hereby authorize the University of Saint Joseph to deduct \$20.00 from my next paycheck (replacement I.D.).</i> <input type="checkbox"/> Bill my Student Account (Students Only) <i>By signing below, I hereby authorize the University of Saint Joseph to charge \$ 20.00 to my student account.</i>	
Vehicle Year and Make:			
Vehicle Plate No. and State:		Vehicle Color:	
Insurance Info: (Company & Policy No.)		Cell Phone Number:	
Driver's License Number and State:			
Signature (required):			
<i>I attest that the information provided is accurate. I understand and agree that failure to adhere to the Campus Parking Regulations and Guidelines may result in parking fines for which I will be held responsible.</i>			

This form can be used to apply for a new or replacement ID card in addition to your parking permit.

To obtain your parking decal, return this completed form along with your check or credit card receipt (or check the box for Payroll Deduction or Bill My Student Account) to the Public Safety Office, 1st floor McGovern Hall (Open 24 hours)

FOR OFFICE USE ONLY

Sticker Number:	Date of Issue:	Initials: