



Vehicle Registration

Permit # _____

Directions: Print and complete page. See Parking Services if your vehicle has not been licensed (in-transit).

Driver Information

University ID (on back of UNK ID Card) _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	MI	Vehicle License Plate #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plate Type (example: PA / TC / TF)	State	Color	Body (example: 2DR / 4DR / Truck / Utility)	Make

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Address/Campus Office	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Phone	Home Phone	Email	

I understand that any vehicle on campus must abide by University of Nebraska at Kearney Parking Regulations. Signature _____



UNK Authorization for Payroll Deduction for UNK Parking Permit

Part A

Employee Name Last _____ First _____ MI _____

Personnel # _____ Do NOT use your NUID#. Find on Time Sheet to the left of your name.

Department Name _____ Department Phone _____

Part B

I authorize the deduction, from my paycheck, of the amount determined by my position to cover the cost of my UNK campus parking permit. I understand that the amount of this deduction will decrease my taxable income for state income tax, federal income tax, social security tax, and Medicare tax. I further understand that if I am a monthly paid employee I will have the deduction split between two pay checks and if I am a biweekly paid employee I will have the deduction split between four pay checks. The deductions will be taken starting with the first pay check in September. If the receipt of this authorization is not received by the Payroll Office in time for the first pay check in September, the designated number of payments will start with the next pay check. I am currently (check one of the following):

Cost of permits purchased July 2014-December 2014 (Price reduced in January-July)
Administrative \$185 Faculty/Professional \$120 GA \$100 Staff \$100

Employee Signature: _____

For Office Use Only Permit # _____ Date _____