

FACULTY/STAFF PERMIT APPLICATION

PERSONAL INFORMATION

Name _____

Last
First
MI

Wildcat ID# _____
(Begins with 8 – Upper Left Hand Corner of K-State ID Card)

Home Address _____

City _____

State, Zip _____

Campus Mailing Address & Information:

Department _____

Address _____

Building _____

Telephone _____

eID (E-mail) _____

Vehicle Information:

Tag 1-State _____ Plate # _____ Type _____

Tag 2-State _____ Plate # _____ Type _____

Special Tag:

State _____ CO _____ Plate # _____ Type _____

Type = Car, Truck, SUV, or Motorcycle

Special = Cat tag, Disabled, Personalized, Veterans etc.

NOTICE

Notify Parking Services of Changes to Any
Information Stated on This Form

By Purchasing a Parking Permit I Agree To Abide By All
KSU Parking Rules and Regulations

Return This Form To:

Parking Services 1 KSU Parking Garage
Manhattan, KS 66506-7900

TYPE OF PERMIT

	Fall Semester Only	Annual
Faculty/Staff	<input type="checkbox"/>	<input type="checkbox"/>
Jardine Faculty/Staff	<input type="checkbox"/>	<input type="checkbox"/>
Jardine Resident	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
Convertible	<input type="checkbox"/>	<input type="checkbox"/>
RFID Card (\$10)	<input type="checkbox"/>	

F/S Permits with an RFID Card are
Valid in Garage M-F 5:00 PM – 7:00 AM & Weekends

Pre Approved Only

GARAGE PREFERRED STALL

RFID Card Included – Valid in Garage 24/7

METHOD OF PAYMENT

Cash/Check Credit Card
Make Check Payable to KSU Parking Services

PAYROLL DEDUCT

Before Tax After Tax

Payroll Deduct Available Through October 31
Annual Permit Only
Must Be a State of Kansas Employee
@ 4 Tenths Time or Greater

Signature Required _____

Date _____

FOR OFFICE USE ONLY

Customer Account # _____

Customer Group _____

Permit #1 _____ Permit #2 _____ Permit #3 _____

Total Paid \$ _____ Receipt# _____ Date _____ CI _____