

# Parking Registration

## Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Dept. Location \_\_\_\_\_ Phone \_\_\_\_\_ ID Number \_\_\_\_\_

**Classification:**

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Admin (1542)   | <input type="checkbox"/> Admin (Roman)      | <input type="checkbox"/> Clinic Faculty     | <input type="checkbox"/> Contract         | <input type="checkbox"/> Delgado        |
| <input type="checkbox"/> Dental Faculty | <input type="checkbox"/> Dental Grd Faculty | <input type="checkbox"/> Dental P/T Faculty | <input type="checkbox"/> Dental P/T Staff | <input type="checkbox"/> Dental Staff   |
| <input type="checkbox"/> Enwave         | <input type="checkbox"/> Faculty            | <input type="checkbox"/> Fellow             | <input type="checkbox"/> Gratis Faculty   | <input type="checkbox"/> Hospital Staff |
| <input type="checkbox"/> Oncall Dr.     | <input type="checkbox"/> P/T Faculty        | <input type="checkbox"/> P/T Staff          | <input type="checkbox"/> Resident         | <input type="checkbox"/> Staff          |
| <input type="checkbox"/> Student/AH     | <input type="checkbox"/> Student/Dent       | <input type="checkbox"/> Student/Grd        | <input type="checkbox"/> Student/Med      | <input type="checkbox"/> Student/Nur    |
| <input type="checkbox"/> Student/PH     | <input type="checkbox"/> Student/Summer     | <input type="checkbox"/> Student/Visit      | <input type="checkbox"/> Student/Wk       | <input type="checkbox"/> Temp Employee  |

Do you live in Student Housing?  Yes Building \_\_\_\_\_ Apt./Rm # \_\_\_\_\_

No Local Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Vehicle #1** - License Number \_\_\_\_\_ State \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Vehicle Color \_\_\_\_\_ Vehicle Make and Model \_\_\_\_\_

**Vehicle Type:**

- |                                       |  |  |                                     |                                      |
|---------------------------------------|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2 Door Sedan | <input type="checkbox"/> 4 Door Sedan  | <input type="checkbox"/> Convertible   | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pick Up      | <input type="checkbox"/> Sport/Utility | <input type="checkbox"/> Station Wagon | <input type="checkbox"/> Van/Bus    |                                      |

**Vehicle #2** - License Number \_\_\_\_\_ State \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Vehicle Color \_\_\_\_\_ Vehicle Make and Model \_\_\_\_\_

**Vehicle Type:**

- |                                       |  |  |                                     |                                      |
|---------------------------------------|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2 Door Sedan | <input type="checkbox"/> 4 Door Sedan  | <input type="checkbox"/> Convertible   | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pick Up      | <input type="checkbox"/> Sport/Utility | <input type="checkbox"/> Station Wagon | <input type="checkbox"/> Van/Bus    |                                      |

### Agreement to Comply with Rules and Regulations of LSUHSC Campus Parking

As a condition of receiving parking privileges from the LSU Health New Orleans, 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 New Orleans:

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

For Official Use Only						
<b>Fee Basis:</b>	<input type="checkbox"/> Fiscal Year	<input type="checkbox"/> 6 Month	<input type="checkbox"/> Pro-Rated	<input type="checkbox"/> RSVD Parking	<input type="checkbox"/> P/T	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Gratis					
<b>Payment Type:</b>	<input type="checkbox"/> Contract	<input type="checkbox"/> Payroll Ded	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> IT	
	<input type="checkbox"/> Student Fees	<input type="checkbox"/> Gratis	<input type="checkbox"/> Business Office	<input type="checkbox"/> Other _____		
<b>Agency:</b>	<input type="checkbox"/> LSU	<input type="checkbox"/> ILH	<input type="checkbox"/> Dental			
<b>Decal Type:</b>	<input type="checkbox"/> White	<input type="checkbox"/> Orange	<input type="checkbox"/> Grey	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow
	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Purple	<input type="checkbox"/> Pink	<input type="checkbox"/> Aqua
<b>Lot:</b>	<input type="checkbox"/> 1542	<input type="checkbox"/> Dent Fac	<input type="checkbox"/> Dent Resv	<input type="checkbox"/> Dent Staff	<input type="checkbox"/> Doctors	<input type="checkbox"/> Gravier
	<input type="checkbox"/> I-10 1	<input type="checkbox"/> I-10 2	<input type="checkbox"/> I-10 3	<input type="checkbox"/> Lakeside	<input type="checkbox"/> Perdido	<input type="checkbox"/> Res Hall
	<input type="checkbox"/> S. Johnson	<input type="checkbox"/> Student	<input type="checkbox"/> UHMOB	<input type="checkbox"/> Other _____		<input type="checkbox"/> Horseshoe
						<input type="checkbox"/> Roman
Fee _____	Card No. _____	Decal No. #1 _____	Decal #2 _____	Code _____		
Registered By _____	Entered By _____					