



# CLAYTON STATE UNIVERSITY

## Faculty/Staff Vehicle Registration Form

Date \_\_\_\_\_

Vehicle Permit # \_\_\_\_\_

Department \_\_\_\_\_

*Please print clearly*

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

Laker ID #: \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Tag # \_\_\_\_\_ State \_\_\_\_\_

(If tag is unknown, call Public Safety within 24 hours at 770-961-3540 or 678-466-4050 with your tag number)

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

**I acknowledge the following:**

Clayton State University Faculty and Staff are required to pay a fee for annual campus parking permit. The amount of the fee is tiered, based on salary ranges as reflected below. Faculty and Staff may elect payroll deduction, cash, credit or debit as a method of payment. **Please select your salary range and payment preference below:**

**Salary range (check one)**

Under \$25,000/year (\$20) \_\_\_\_\_

Over \$25,000/year (\$40) \_\_\_\_\_

**Payment option (check one)**

cash/check/credit/debit \_\_\_\_\_

payroll deduction \_\_\_\_\_

\_\_\_\_\_  
Signature