

For Parking Services Use Only

Permit # _____ Date _____ CSR _____
Permit Replacement _____ Date _____ CSR _____

Duke University Parking and Transportation Services

Web: parking.duke.edu

Box 90644
Durham, NC 27708-0644
Phone: (919) 684-7275

302 Science Drive/
(Science Dr. Garage) Or
Rm. 04230 Duke Clinics

Employee/Student Parking Permit Application

(Do not submit this form if you have already applied for a permit online. Forms not accepted via fax.)

Legal Name (no abbreviations/nicknames): _____ Duke Unique ID#: _____

Campus/Local Address:
(Include City, ST, Zip)

Campus/Local Telephone: _____ Campus/Local E-mail: _____

Department/School: _____ Campus Box Number: _____

Current Permit Type: _____ Permit Type Requested: _____
(Note: Requested permits sold based on eligibility and availability. Requesting permits doesn't automatically put you on a waitlist.)

Employee/Student Classification

- Biweekly Employee Monthly Employee Visiting Faculty/Staff Emeritus Faculty
- Undergraduate Student Graduate Student Visiting Student Employee or Student Spouse/Partner
- Non-Duke Payroll Medical Student House Staff Other: (specify) _____

Current Vehicle Information (Register all vehicles)

Car Year: _____	License Plate State & Number: _____	Make, Model, and Color: _____ <input type="checkbox"/> Convertible <input type="checkbox"/> Motorcycle/Moped
Car Year: _____	License Plate State & Number: _____	Make, Model, and Color: _____ <input type="checkbox"/> Convertible <input type="checkbox"/> Motorcycle

Student Payment Method

Bursar Account (Note: All undergraduate and graduate students with a Duke University Bursar's account must check this option.)

Employee Payment Methods

Check/Money Order (Make payable **Duke University**) Check/Money Order #: _____ Cash (Hand Deliver)

Interdepartmental Request (IR): IR #: _____ Fund Code: _____ Credit/Debit Card (Hand Deliver)

Payroll Deduction: I hereby authorize Duke University Parking and Transportation Services to deduct from my paycheck 1/12th of the annual cost of my assigned permit. I authorize this monthly deduction for as long I have a Duke parking permit paid by means of payroll deduction. If I leave Duke and fail to return my assigned permit, I will be financially responsible for the costs and fines associated with the permit until it is returned. Permit refunds will be issued by payroll check on a regularly scheduled pay date. **Regular benefit eligible faculty and staff scheduled 20 hours or more per week will have parking fees deducted on a pretax basis. Permit refunds will have taxes deducted. Faculty and staff scheduled to work less than 20 hours per week are not eligible for payroll deduction.**

Signature: _____ Date: _____

Acceptance of Policies (Please read and sign)

As part of a redesigned parking system to improve the management and enforcement of parking at Duke, all parking access will be defined strictly by type of parking permit. Individuals who operate or park a motor vehicle on Duke University's campus are subject to the policies and regulations contained in the Duke University Parking & Transportation Policies. By signing below, I acknowledge that I have read, understand, and agree to abide by these policies. Failure to abide by these policies may result in fines, vehicle immobilization and/or towing of my vehicle. I agree to pay all costs associated with any of these actions. I also agree that Duke University may charge any unpaid fines to my student account, my fund code, or withhold unpaid fines from my paycheck.

Signature of Applicant: _____ Date: _____