Parking Permit Registration Form

Department of Public Safety
ADMINISTRATIVE SERVICES

Please print legibly.

Last Name: ____________________________ First Name, M.I.: ____________________________

Student or Employee ID: ____________________________ Cell Phone Number: ____________________________ Email Address: ____________________________

☐ Employee: ☐ Contractor ☐ Student:

Employment Status (Check One):
☐ Full Time ☐ Full Time After Hours
☐ Half Time*: ☐ Half Time After Hours

Currently Enrolled (Check One):
☐ Sophomore ☐ Junior
☐ Senior ☐ Grad School

Campus (Check One): ☐ Medford/Somerville ☐ Boston ☐ Grafton

Vehicle Information
State: ____________________________ License Plate Number: ____________________________ Make: ____________________________ Model: ____________________________ Color: ____________________________

Decal Information
☐ Contractor Decal

Employee Decals (Check One): ☐ Employee ☐ Employee TAB LOT
☐ Resident ☐ Sophomore

Student Decals (Check One):
☐ Commuter

TAB EMPLOYEES ONLY OFF SITE DAY REQUEST:
☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri

Garage Card Code

Payment Method
☐ Check to Trustees of Tufts College ☐ Payroll Deduction (Check One):
☐ Cash ☐ JumboCash
☐ Paid Weekly ($10/check) ☐ Paid Semi-Monthly ($20/check)

Students and Employees:
I agree to read and abide by the Tufts University Parking and Traffic Regulations. I understand that I am fully responsible for the vehicle to which my decal is affixed. In the event I fail to make payment within fourteen days of a traffic/parking violation, I hereby authorize the Tufts University Department of Public Safety to deduct said amount from my paycheck and/or charge my Bursar account. I verify that the information entered on this form is true and correct.

Payroll Deduction (if applicable):
I authorize Tufts University to deduct the above amount per pay period, until the total decal price has been reached.

________________ _________________________   __ ______________
Signature of Applicant        Date

Unsigned forms will not be processed

Office Use Only
☐ In Person ☐ Cash ☐ Payroll Deduction
☐ Via Mail/Online ☐ Check ☐ Other ____________________________ Entered on____________________

*Half-time is defined as working less than 17½ hours per week, as determined by Human Resources records. Academic year is considered Full Time.