

LSUHSC-S Parking Registration Form

Name _____

First, MI, Last

Address _____

Street, Apt #, City, State, Zip

Social Security Number ___ - ___ - _____

Department _____ Work Phone _____

Classification _____ (classified, RN, Housestaff, etc.)

Vehicle Information

Vehicle #1 State of _____ License # _____ Make/Model _____ Color _____

Vehicle #2 State of _____ License # _____ Make/Model _____ Color _____

Agreement to comply with LSUHSC-S Parking Regulations

As a condition of receiving parking privileges from LSU Health Sciences Center, 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 upon registration into the parking program. 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:

1. The LSU Health Sciences Center-Shreveport to deduct delinquent violation assessments not under review by the Parking Committee, that are over 90 days old, from my next payment from the LSU Health Sciences Center from any source.

2. If I am a student, to delay provision of grade transcripts and/or clearance from graduation until any outstanding violation assessment is satisfied.

3. 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, understood, and will comply with the requirements of this document.

Signature _____ Date _____

Official Use Only

Assigned Lot _____

Decal # 1 _____

Decal # 2 _____

Temporary

Expiration _____

Contract

Renewal Date _____

Parking Fee _____

Temporary

Handicap

Parking _____