



Vehicle Registration

Permit # _____

Directions: Print and complete page. See Parking Division if your vehicle has not been licensed (in-transit).

Driver Information

University ID (on back of UNK ID Card) _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	MI	Vehicle License Plate #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plate Type (example: PA / TC / TF)	State	Make	Model	Color	Body (example: 2DR / 4DR / Truck / Utility)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Address/Campus Office	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Phone	Home Phone	Email	

I understand that any vehicle on campus must abide by University of Nebraska at Kearney Parking Regulations. Signature _____



UNK Authorization for Payroll Deduction for UNK Parking Permit

Part A

Employee Name Last _____ First _____ MI _____

Personnel # _____ Find on Time Sheet to the left of your name. Do NOT use your NUID#.

Department Name _____ Department Phone _____

Part B

I authorize the deduction, from my paycheck, of the amount determined by my position to cover the cost of my UNK campus parking permit. I further understand that if I am a monthly paid employee I will have the deduction split between two pay checks and if I am a biweekly paid employee I will have the deduction split between four pay checks. The deductions will be taken starting with the first pay check in September. If the receipt of this authorization is not received by the Payroll Office in time for the first pay check in September, the designated number of payments will start with the next pay check. I am currently paid Bi-weekly _____ or Monthly _____ (check one of the following):

Cost of permits purchased July 2023-December 2023 (Price reduced in January-July)
 Administrative \$243 ___ Faculty/Professional \$155 ___ GA \$124 ___ Staff \$124 ___

Employee Signature: _____

For Office Use Only
 Permit # _____ Date _____