### Parking Registration

**Please Print**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. Location</td>
<td>Phone</td>
<td>ID Number</td>
</tr>
</tbody>
</table>

#### Classification:
- [ ] Admin (1542)
- [ ] Dental Faculty
- [ ] Enwave
- [ ] Oncall Dr.
- [ ] Student/AH
- [ ] Student/PH

#### Agreement to Comply with Rules and Regulations of LSUHSC Campus Parking

As a condition of receiving parking privileges from the LSU Health New Orleans, 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 with my vehicle registration forms. 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 the LSU Health New Orleans:

1. To deduct delinquent violation assessments not under review by the Parking Committee from my next payment from the LSU Health Sciences Center from any source (if applicable).
2. If I am a student, to delay provision of grade transcripts and/or clearance for 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, understand, and will comply with the requirements of this document.

**Signature** ___________________________________________ **Date** __________________

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### For Official Use Only

#### Fee Basis:
- [ ] Fiscal Year
- [ ] 6 Month
- [ ] Pro-Rated
- [ ] RSVD Parking
- [ ] P/T
- [ ] Gratis
- [ ] Other________

#### Payment Type:
- [ ] Contract
- [ ] Payroll Ded
- [ ] Cash
- [ ] Check
- [ ] IT

#### Agency:
- [ ] LSU
- [ ] ILH
- [ ] Dental

#### Decal Type:
- [ ] White
- [ ] Black
- [ ] Orange
- [ ] Blue
- [ ] Grey
- [ ] Brown
- [ ] Red
- [ ] Purple
- [ ] Green
- [ ] Pink
- [ ] Yellow
- [ ] Aqua
- [ ] Lavender

#### Lot:
- [ ] 1542
- [ ] I-10
- [ ] S. Johnson
- [ ] Dent Fac
- [ ] I-10 1
- [ ] Student
- [ ] Dent Resv
- [ ] I-10 2
- [ ] UHMOB
- [ ] Dent Staff
- [ ] I-10 3
- [ ] Doctors
- [ ] Lakeside
- [ ] Res Hall
- [ ] Perdido
- [ ] Roman

**Fee________ Card No.________ Decal No. #1________ Decal #2________ Code________**

Registered By_________________ Entered By_________________