Faculty Semester Permit

I affirm that I am teaching *one section of one course* for the _____ semester. If my status changes and I no longer meet the requirements for a semester pass, I will return it in exchange for a permanent hangtag and begin the payroll deduction process for the vehicle registration payment. I meet and understand the criteria for receiving a permit at a reduced rate from Parking Services.

(Please print) Last name First name MI

Employee Signature EmplID Date

List all positions and departments currently working at James Madison University:

Section Name and Schedule	Dept.	Phone

This portion is to be filled out by the Department Head only:

Employee meets the criteria for the reduced fee permit from Parking Services. **All current positions are listed**. (The above portion must be completed prior to this section)

(Please print) Last name First name MI

Department Head EmplID Date

Present form to Parking Services at the time of vehicle registration.