



Reduced-Fee Semester Permit Verification Form

Submit completed form to Parking Services at the time of vehicle registration

Faculty:

I affirm that I am teaching one section of one class for the _____ semester.

List all classes and departments where you are currently teaching at James Madison University:

Class Name and Schedule	Department	Phone

Staff or Affiliates:

I affirm that my total earnings for all positions at James Madison University for the academic year will total less than \$2,500 dollars.

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

Department/Company	Position	Phone

By signing this form I verify that I meet the criteria for receiving a parking permit at a reduced rate. I understand that I am required to return my reduced-fee parking permit if my status changes and I no longer meet the above requirements.

Last Name (Print)	First Name	MI
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Employee Signature	EmplID	Date
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This section is to be completed by the Immediate Supervisor:

By signing this form I verify that the above employee meets the criteria for receiving a parking permit at a reduced rate.

Supervisor Last Name (Print)	First Name	MI
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Supervisor Signature	EmplID	Date
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