

**MEDICAL STUDENT PARKING**

**VEHICLE REGISTRATION INFORMATION**

**VEHICLE #1**

**TYPE:**

**YEAR:**

**COLOR:**

**LICENSE PLATE #:**

**STICKER #:**

**VEHICLE #2**

**TYPE:**

**YEAR:**

**COLOR:**

**LICENSE PLATE #:**

**STICKER #:**

**I AUTHORIZE A \$15.00 A MONTH ADDITION TO MY TUITION AND AGREE TO FOLLOW ALL PARKING POLICIES AND REGULATIONS.**

**PLEASE PRINT YOUR NAME:**

**SIGNATURE:**

**DATE:**

**SSN:**

**BOX #:**

**PHONE NUMBER:**

**For Office Use Only:**

**SYSTEM \_\_\_\_**

**CASHIER \_\_\_\_**

**FROM PARKING DECK \_\_\_\_**