TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
STUDENT VEHICLE REGISTRATION FORM

FOR OFFICE USE ONLY

_____
Permit Number

_____
R Banner ID Date

APPLICANT'S NAME:

_____
Last Name First Name Middle Name

LOCAL ADDRESS:

_____
Street # Street Name Apt. # City State

_____
Zip Code Area Code Phone Number Driver's License Number State

HOME ADDRESS:

_____
Street # Street Name City State Zip Code

VEHICLE INFORMATION: STUDENTS MAY ONLY REGISTER ONE VEHICLE PER PERMIT

_____
State Yr. License Plate # Make Model Type (2dr. 4dr. Pickup) Color Model Year

REGISTERED OWNER OF VEHICLE:

_____
CLASSIFICATION Annual Permit Amount $_____

_____ Graduate School of Biomedical Sciences

_____ Medicine

_____ Undergraduate

_____ Nursing

_____ Pharmacy

_____ Student Assistant _____
Department

Card Number

_____
Expiration Date _____ Cash

Student Acknowledgement

By accepting this decal, I acknowledge receipt of the "Traffic and Parking Regulations." I understand that my parking privileges may be cancelled upon the termination of enrollment and that any refund request fr