

STUDENT PARKING REGISTRATION FORM

DECAL #: _____ (for Office use only)

FIRST AND MIDDLE NAME	LAST NAME	ID NUMBER
ON CAMPUS PHONE	OFF CAMPUS PHONE	CELL PHONE
ADDRESS	STATE	ZIP
<u>TYPE OF DECAL (circle one)</u>		
RESIDENT HALL	COMMUTER	ALUMNI
BRUIN HILLS	BELMONT COMMONS	HILLSIDE
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
VEHICLE COLOR	LICENSE PLATE #	STATE
IN CASE OF EMERGENCY PLEASE CONTACT		
NAME	PHONE NUMBER	RELATION

I affirm that I have received a summary of the Belmont University Parking Rules and Regulations. In addition, I understand that the complete text of the rules and regulations is available online at www.belmont.edu/ocs. I accept responsibility to read these rules and regulations. By my signature below I affirm that that I have read or will read these materials. In addition, I understand that all traffic citations issued to my vehicle will be billed to my account. Finally, by signing below I confirm that the information I provide on this registration card is true and correct.

SIGNATURE: _____

DATE: _____