TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
STUDENT VEHICLE REGISTRATION FORM

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:

Last Name ___________________ First Name ___________________ Middle Name ___________________

Street # ___________________ Street Name ___________________ Apt. # ___________________ City ___________________ State ___________________ Zip Code ___________________

STUDENT STATUS (Check Appropriate Space)

CLASSIFICATION

_____ Undergraduate

_____ Graduate/Professional

SCHOOL

_____ Health Professions

_____ Graduate School of Biomedical Sciences

_____ Medicine

_____ Nursing

_____ Pharmacy

_____ Student Assistant

Department ___________________

PLEASE INDICATE PAYMENT METHOD

Annual Permit Amount $ ___________________

_____ Cash

_____ Check No. ___________________

_____ Charge Card

Card Number ___________________

Expiration Date ___________________

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 requires the return of decal remnants.

Student Signature ___________________

With few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; the individual is entitled to receive and review the information; and the individual is entitled to have the state governmental body correct information about the individual that is incorrect.