UNDERGRADUATE COMMUTER VEHICLE REGISTRATION

Name			ID#	Permit#	
Graduation Ye	ear	Phone#			(Office Use Only
Home Address					
City			State	Zip	
Driver's Licen	se#			State	
License Plate _	State	Make/Model _		Color	Yr
License Plate _	State	Make/Model _		Color	Yr
	Commuter Convenience- Newman Towers Lot)				
	Commuter Overni	ght - \$500(York Road	Lot only)	
	PLEASE INDICAT	ΓΕ YOUR PARK	ING PREF	ERNECE	

PLEASE SIGN AND DATE BACK

In consideration for the parking and transportation services afforded me through the Loyola University Maryland transit system, I hereby agree to abide by the rules and regulations related to same.

I understand that violations or infractions may result in appropriate penalties including: fines or towing of my vehicle, at my risk and expense, or such sanctions, depending on the nature of the offense. A warning notice will be issued before your vehicle is towed. Any vehicle found parked in a **Handicapped area** or **Fire Lane** will be subject to **immediate towing**.

I understand further that there will be a process available by which I may appeal, to a designated appeals authority within ten (10) days for relief or redress from any sanctions imposed by the Student Administrative Services.

I accept the decision of the appeals authority as final and authorize Loyola University Maryland to collect due and unpaid fines from me by means of charging it to my **student account**.

Any falsification of information on this Student Administrative Services vehicle registration form will result in immediate termination of your parking privilege on the Loyola University Maryland campus.

Signature	Date