UNDERGRADUATE COMMUTER VEHICLE REGISTRATION

Name __________________________________________ ID# ___________ Permit# ________
(Office Use Only)

Graduation Year ________________ Phone# ______________________________

Home Address _____________________________________________________________

City _______________________________ State __________ Zip __________

Driver’s License# __________________________ State ________________

License Plate ___________ State ____ Make/Model ____________ Color ____ Yr ____

License Plate ___________ State ____ Make/Model ____________ Color ____ Yr ____

Commuter Convenience- $325_____ Daytime Satellite-$125_____ (Newman Towers Lot)
(North Campus, York Road & Cathedral Lots)

Commuter Overnight - $500_____ (York Road Lot only)

PLEASE INDICATE YOUR PARKING PREFERNECE
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