FACULTY, ADMINISTRATION AND STAFF VEHICLE REGISTRATION

Name _____ **ID#** _____ **Permit#** _____
(Office Use Only)

Home Address _____**Phone#** _____

City _____**State** _____**Zip** _____

Campus Department _____ **Campus Ext**_____

Driver's License# _____**State**_____

License Plate _____ **St** ____**Make/Model** _____**Color**_____**Yr** ____

License Plate _____ **St** ____**Make/Model** _____**Color**_____**Yr** ____

Campion__ **Butler**__ **DGA**___ **Satellite** _____ **(Cathedral/York Road)**
($500) **($500)** **($500)** **($30**_____**or $60**_____ **(Please check one)**

PLEASE SIGN AND DATE BACK

In consideration for the parking and transportation services afforded me through the Loyola College 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 College 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 College campus.

_____ _____

Signature Date