

WESTMINSTER COLLEGE

STUDENT VEHICLE REGISTRATION FORM

Permit # Issued _____

Please Print

Driver Information

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID #: _____ DOB: _____

Cell Phone #: _____ Alt Phone #: _____

E-mail Address: _____

Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____

License Plate Number: _____ State of Issue: _____

Name of Registered Owner: _____

I certify that all information is correct and accurate. I agree to abide by all parking rules and regulations. I agree to pay all charges resulting from improper parking (e.g. parking tickets and towing charges.)

Student Signature

Today's Date

**To receive a parking decal, return completed form to
Westminster College, Campus Information Center,
Hunter Activity Center.**

Office hours: Monday-Friday, 8 am to 5 pm.

Office: 573-592-5018 Fax: 573-592-6049

Email: Lori.Anderson@westminster-mo.edu