

AUTOMOBILE REGISTRATION

(PLEASE **PRINT** ALL INFORMATION)



----Decal # _____

Fee Paid \$ _____

(Name) (Royal ID) (Address)-(Students indicate Local Street and City or Dormitory)

Vehicle Make & Color 1. _____ Lic. Plate _____ State _____

2 door _____ 4 door _____ SUV _____ (check one)

(Students list **ONE** vehicle only) 2. _____ Lic. Plate _____ State _____

2 door _____ 4 door _____ SUV _____ (check one)

Vehicle Owner Information: _____
(Name) (Street Address - City - State - Zip)

Undergrad Student (circle one) Fr. Soph. Jr. Sr. Graduate Student Day _____ Evening _____ Continuing Education Day _____ Evening _____

Faculty: Full Time _____ Part Time _____ Department _____ Ext. _____

Staff: Full Time _____ Part Time _____ Department _____ Ext. _____

AGREEMENT TO PARKING REGULATIONS

The University of Scranton provides parking facilities for students, staff, faculty and visitors. The University is not responsible for any damage to or theft from and of vehicles parked on University property. This is the sole responsibility of the vehicle owner and/or operator. We recommend you take every reasonable precaution to prevent theft and vehicular damage. Such measures include closing all windows, locking all doors, parking in designated areas only, following all traffic signs and refraining from displaying valuables. Should a theft or vehicle damage occur while parked on University property, you are to contact the University Police for investigative purposes only. The University assumes no responsibility for the assumed risks of parking a vehicle on University property.

I agree to accept and abide by the parking regulations established by The University of Scranton. I also agree that if I am in violation of these regulations that my vehicle will be ticketed and/or removed by towing at owner expense.

Signature: _____

Date: _____