



# RIDER UNIVERSITY

## Vehicle Registration and Parking Permit Form

Type & Decal/ Hang Tag #	Campus: LV ___ WCC ___	Academic Year :
Issuing Office Signature/Badge #	Date:	
Notes:	FOR OFFICE USE ONLY	

Name _____ Last _____ First _____ M.I. _____	Bronc ID# _____
Home Address _____ <i>(for faculty/staff, commuter)</i>	City _____ State _____ ZIP _____
Cell Phone Number _____	On-Campus Residence Address _____

	<i>Car Make</i>	<i>Car Model</i>	<i>Car Year</i>	<i>Car Color</i>	<i>Car License Plate/State</i>
Car 1	_____	_____	_____	_____	_____
Car 2	_____	_____	_____	_____	_____
Car 3	_____	_____	_____	_____	_____
Insurance Company/Policy # _____					

By signing below, I agree to obey the rules and regulations governing the use of motor vehicles on the Lawrenceville and Princeton campuses of Rider University. I also acknowledge by signing below that Rider University assumes no responsibility for the care of, protection of, or damage to any motor vehicle or its contents at any time it is operated on, parked on, or removed from University property.

Signature \_\_\_\_\_ Date \_\_\_\_\_