

Campus Safety Department 450 Nott Street Schenectady, New York 12308-3107 Telephone: 518-388-6358 Fax: 518-388-6773 http://www.union.edu/PUBLIC/SAFETY

## VEHICLE REGISTRATION FACULTY/STAFF

Last Name:	First Nam	ie:	M.I
College ID number:			
I have received a copy of the Union registration, driving and parking on	College Campus Vehicle Reg the property of Union Colle provisions, unless I choose to estand and agree that the col	gulations and I agree to ege. I further agree to o appeal the violation,	EHICLE BEING REGISTERED.  to abide by these regulations governing pay all fines which may be levied against in which case I agree to pay the fine if id fines at the end of each term by
Signature		date	
++++++++++++++++++++++++++++++++++++++	+++++++++++++++	+++++++++++	+++++++
Previously issued Permit #			
Temporary Permit # issued: _	Permit o	class & number is:	sued:
Fee amount collected:	Check/M.O. #:	Paid in cash	:
Copy of Registration			

