

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 STUDENT PERMIT

Last Name:	First Name	e:	M.I
College ID number:			
AND A COPY OF YOUR CO APPLICATIONS MAY BE PI	LLEGE ID. RESENTED AT THE C	AMPUS SAFETY	EHICLE BEING REGISTERED, DESK IN THE FRONT LOBBY
regulations governing registra to pay all fines which may be l to appeal the violation, in which	nion College Campus V tion, driving and parkin evied against me as a re th case I agree to pay the	ehicle Regulation of on the property sult of violations of the appeal	ND 3:00PM. s and I agree to abide by these of Union College. I further agree of these provisions, unless I choose I is denied. I further understand m by deducting the fine(s) from
Signature (office use only) *********	*****	date	****
Previously issued Permit #:			
Temporary Permit # issued: _	Permit class &	number issued:_	
Fee amount collected:	Check/M.O. #:	Paid in cash:	
Copy of Registration		Copy of Studen	t ID