

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
STUDENT VEHICLE REGISTRATION FORM**

FOR OFFICE USE ONLY

R Banner ID _____

Date _____

Permit Number _____

APPLICANT'S NAME:

Last Name _____

First Name _____

Middle Name _____

LOCAL ADDRESS:

Street # _____

Street Name _____

Apt. # _____

City _____

State _____

Zip Code _____

Area Code _____

Phone Number _____

Driver's License Number _____

State _____

HOME ADDRESS:

Street # _____

Street Name _____

City _____

State _____

Zip Code _____

VEHICLE INFORMATION: STUDENTS MAY ONLY REGISTER ONE VEHICLE PER PERMIT

State _____

Yr _____

License Plate # _____

Make _____

Model _____

Type (2dr. 4dr. Pickup) _____

Color _____

Model Year _____

REGISTERED OWNER OF VEHICLE:

Last Name _____

First Name _____

Middle Name _____

Street # _____

Street Name _____

Apt. # _____

City _____

State _____

Zip Code _____

**STUDENT STATUS
(Check Appropriate Space)**

CLASSIFICATION

Undergraduate

Graduate/Professional

SCHOOL

Allied Health Sciences

Graduate School of Biomedical Sciences

Medicine

Nursing

Pharmacy

Student Assistant _____
Department

PLEASE INDICATE PAYMENT METHOD

Annual Permit Amount \$ _____

Cash

Check No. _____

Charge Card

Card Number

Expiration Date

Student Acknowledgement

By accepting this decal, I acknowledge receipt of the "Traffic and Parking Regulations." I understand that my parking privileges may be cancelled upon the termination of enrollment and that any refund request requires the return of decal remnants.

Student Signature

With few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; the individual is entitled to receive and review the information; and the individual is entitled to have the state governmental body correct information about the individual that is incorrect.