

WESTMINSTER  
COLLEGE

**STUDENT VEHICLE REGISTRATION FORM**

**Permit # Issued** \_\_\_\_\_

*Please Print*

**Driver Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Vehicle Information**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

I certify that all information is correct and accurate. I agree to abide by all parking rules and regulations. I agree to pay all charges resulting from improper parking (e.g. parking tickets and towing charges.)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

**To receive a parking decal, return completed form to Westminster College Security. You will need to call Security before going to their office to pick up the parking permit. The number is 573-592-5555.**

Office: 573-592-5018 Fax: 573-592-5118

Email: [Lori.Anderson@westminster-mo.edu](mailto:Lori.Anderson@westminster-mo.edu)