

Texas Woman's University Parking Permit Registration Form

Please complete the information requested in each of the following sections. Failure to provide all necessary information will delay your registration request. Proof of vehicle ownership must be submitted for each vehicle you wish to register. In accordance with the Legislative House Bill 1922, an individual is entitled to request to be informed about the information collected about them; to receive and review their information; and correct any incorrect information.

Student/Employee Information:

Name _____ Employee ID# _____
 Student TWU Colleague ID# _____
 Address _____ City _____ State _____ Zip _____
 Driver License # _____ ST. _____ Phone# _____

Vehicle Information: Please enter the vehicle information for each vehicle you wish to register.

Vehicle	Vehicle License Plate #	State	Make	# DOORS	Color	Year	Office Use ONLY
1	SUBMIT PROOF OF OWNERSHIP						Permit #
2	SUBMIT PROOF OF OWNERSHIP						Permit #
3	SUBMIT PROOF OF OWNERSHIP						Permit #

*Proof of ownership must be submitted for all vehicles registered. Proof submitted must have the same last name and/or address of the purchaser. A student or employee **CANNOT** purchase a permit for another student or employee.*

NOTICE: Parking permit requests will not be processed without the vehicle **license plate number** and vehicle description. For vehicles with **dealer (paper) plates**, submit the last 6 digits of the VIN # (vehicle identification number) and the dealer plate number located on the lower right hand side of the paper plate (starts with the letter P followed by 4 or 5 numbers).

VIN # _____ Dealer Plate Number _____

Permit Type / Pricing Information

Permit Type(check one): Commuter Student Campus Resident Student Faculty Staff
 Semester(check one): Academic Year Fall Only Spring Only Summer Only

Semester(s)	Students	Staff (non exempt)	Faculty & Staff (exempt)
Academic Year	70.00	90.00	97.00
Fall Only	60.00	81.00	87.00
Spring Only	60.00	81.00	87.00
Summer Only	60.00	81.00	87.00
Each additional permit	10.00	10.00	10.00

Definitions:

Exempt: Faculty and Administrative Staff (does not accrue compensatory time)
Non Exempt: Staff (accrues compensatory time).

Payment Information (For Mailing Purposes Only)

Total Number of Decals _____ Total Amount Enclosed \$ _____ .00
 Payment method: Check Check # _____ **(Please write your driver's license number, exp. Date, and date of birth on the check payable to TWU DPS)**
 Payroll Deduction (Employees only)
 Visa Master Card Card Number _____ Expiration Date ____/____/____
 Print name of card holder _____

By my signature on this form I affirm that I will read and comply with all parking rules and regulations as published in the TWU Traffic Parking Regulations. I further understand that I am subject to the penalties designated in these regulations, including the removing or the immobilization of the vehicle, at my expense and without previous notification.

Signature _____ Date ____/____/____