

Parking Permit No.

MANCHESTER COMMUNITY COLLEGE PARKING PERMIT REGISTRATION

DRIVER INFORMATION

Please print.

Student Faculty/Staff

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

(for contact use during class hours)

Signature: _____

Today's Date: _____

VEHICLE INFORMATION

Please print.

Year: _____ Color: _____

Make: _____

Model: _____

State Registered In: _____

License Plate #: _____

DO NOT PLACE STICKER ON TINTED WINDOW

NOTICE TO DRIVER: Notify the front desk if your vehicle is sold or replaced. A separate registration must be completed for each vehicle. Parking on campus is a privilege and motor vehicle violations are subject to and not limited to the terms and conditions outlined in the Student Handbook.