

TEMPORARY VEHICLE REGISTRATION



Gallaudet University
College of Professional Studies and Outreach

Car Rental Yes No
Permit # _____

LAST NAME		FIRST NAME		MIDDLE NAME	
HOME ADDRESS		CITY		STATE	
E-MAIL		PHONE		ZIP CODE	
STATUS	<input type="checkbox"/> Part-time student				

VEHICLE INFORMATION

TAG #		STATE	
YEAR		COLOR	
MAKE		MODEL	

<input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> OTHER (\$10 PER SEMESTER)
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I hereby apply for motor vehicle operating and parking privileges at Gallaudet University. I agree to abide by the regulations and procedures governing the operation of a motor vehicle on campus. I acknowledge that the Department of Public Safety has the authority to ticket, immobilize, or tow my vehicle at my expense if I, or someone else in my vehicle, violate the established rules and regulations. I confirm that there is a valid and current registration for the automobile and that the automobile is properly insured. I understand that there may be a fee to park on campus and that I must park in the appropriate zone.

I hereby release Gallaudet University, its agents, and employees from any and all liability for the loss of or damage to my vehicle and items of personal property left therein. I also release Gallaudet University, its agents, and employees from any and all liability for personal injuries that might result from my use of a vehicle at Gallaudet. It is understood, however, that this release does not excuse the University in the event of negligence.

All information on this form is true and accurate to the best of my knowledge.

Applicant's Signature

Date

RETURN THIS FORM WITH YOUR APPLICATION/REGISTRATION AND PAYMENT FORM