

Fairleigh Dickinson University
Department of Public Safety

Metropolitan Campus

VEHICLE REGISTRATION

OFFICE USE ONLY

(Check off one (1) only and please print clearly)

Will not be processed if all information is not supplied, especially the License Plate of Vehicle.

COMMUTER___ RESIDENT___ STAFF___ FACULTY___

Department Name_____ Department Mail Code_____

Department Extension_____

Name_____ Student ID Number (Mandatory)_____

Home Address_____ Home Phone #_____ Cell Phone #_____

Make of Vehicle_____ Model of Vehicle_____ Year of Vehicle_____

Color of Vehicle_____ License Plate_____ State_____

I hereby declare that I will abide by the Parking and Traffic Regulations that are in effect on the Metropolitan Campus of Fairleigh Dickinson University and that the information given above is true and accurate. I hereby acknowledge receipt of the Parking and Traffic Regulations governing parking at the Metropolitan Campus of Fairleigh Dickinson University. Owners and operators of vehicles park at their own risk on university property. The university does not assume responsibility for theft, loss or damage to any motor vehicle parked or operated on its premises. For insurance purposes, any owner who has suffered a loss is encouraged to fill out a report at the Department of Public Safety Office. Accidents must be reported to the local law enforcement agencies, as required by New Jersey law (39:4-159 et. seq.).

Signed_____ Date_____