



Parking Registration Form

DRIVER INFORMATION

Student Faculty/Staff

Full Name: _____ Cell #: _____

COMPLETE IF FACULTY/STAFF

Department: _____ Office Phone: _____

VEHICLE INFORMATION

VEHICLE 1

Make: _____ Model: _____

Color: _____ License Plate: _____

VEHICLE 2

Make: _____ Model: _____

Color: _____ License Plate: _____

I UNDERSTAND THAT GOODWIN UNIVERSITY IS NOT RESPONSIBLE FOR LOSSES OR DAMAGES TO PARKED VEHICLES OR THEIR CONTENTS.

Signature: _____ Date: _____

Parking permit must be placed on the passenger side of the front windshield.

Completed form must be returned within 7 days of start date to the Welcome/Information/Security Desk, located in the main lobby of One Riverside Drive (main building).

HUMAN RESOURCES USE ONLY

Parking Permit #: _____