

STUDENT PROFILE/VEHICLE REGISTRATION/PARKING WAIVER

Student Name: _____ D.O.B _____ Student ID: _____ Cell # _____
Last First Middle

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone: () _____

LIST ANY ALLERGIES/CHRONIC ILLNESSES BELOW (Diabetes, Epilepsy, etc.) No Known Allergies

_____ Do you carry an Epipen?

Current Medications: _____

I understand that, in case of a medical emergency, this information may be shared with medical personnel and the emergency contact person listed above may be contacted. I hereby authorize such emergency medical treatments as may be necessary. I understand every reasonable effort will be made to notify parents or guardian in exercising this authority in an emergency situation.

X _____
Signature of Student (or signature of parent/guardian if student is under 18) Date

VEHICLE REGISTRATION

Each semester, upon registration, every student's account is automatically charged \$95 for a parking permit. If you do not have a car on campus you **MUST** complete the waiver portion of this form to have the charge removed from your account.

I will have the following vehicle on campus (please complete every line):

Make: _____ Model: _____ Year: _____
Color: _____ License Plate # _____ Issuing State: _____

**For instruction and information on parking on campus, please reference the Student Handbook which can be found at the link below or contact Campus Security at (828) 884-8381 or jacobssf@brevard.edu.

Handbook link: <http://www2.brevard.edu/portal/Students/StudentHandbook/tabid/794/Default.aspx>

I HAVE READ AND AGREE TO THE ABOVE PARKING REGULATIONS

X _____
Signature of Student (or signature of parent/guardian if student is under 18) Date

WAIVER If you would like to waive the per semester fee, please check the box, sign and date below. **If you waive a permit at this point but later decide to bring a vehicle to campus you must immediately stop by the office of Stan Jacobsen on the 2nd floor of the Stamey building to register your vehicle and pick up a parking permit.

Students that waive the parking permit and are found to have an unregistered vehicle on campus will be issued a \$500 non-appealable citation.

I choose to waive this charge as I am not bringing a vehicle to campus

X _____
Signature of Student (or signature of parent/guardian if student is under 18) Date

OFFICE USE ONLY: Permit Number _____ Permit Reissue: _____ Date _____ Reason _____

_____ **SPRING SEMESTER WAIVER** _____
Initials Date