

Texas College Parking Registration

Permit #

Vehicle Information:

Driver Name: _____ ID#: _____

License Plate Number: _____

Phone: _____

Emergency Contact:

Parent or nearest Relative: _____

Address: _____

City: _____ State: _____ Phone: _____

Vehicle Description:

Year: _____ Make: _____

Model: _____ Color: _____

Vehicle Insurance

Verified by: _____

Release of Liability Agreement

The undersigned hereby agrees to protect Texas College from and against all liabilities. Losses or damages whatsoever for property damage, Bodily injury, including death or personal injury arising from or resulting in whole or in part from the use of the Texas College Parking area.

Signature: _____ Date _____