

# WAIVER OF MOTOR VEHICLE REGISTRATION

STUDENT ID # \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

I hereby request a waiver of the charge for a registration of a motor vehicle as I will not be driving and parking a vehicle on campus during the upcoming semester.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date