



University of *@ Stamford*  
Connecticut

## PARKING DECAL WAIVER

### Student Information:

Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

### Vehicle Information:

\_\_\_\_\_ I do not own a vehicle.

\_\_\_\_\_ I own a vehicle and understand by waiving the parking decal to assume all responsibility associated with parking in the UCONN garage.

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Plate # and State \_\_\_\_\_

---

Signature

Date