



Coppin State University Parking Permit Application

Company Name (If Contractor)

First Name

M.I.

Last Name

Permanent Address

City

State

Zip

Phone Number

Mobile Number

License Plate

State

Make & Model

Vehicle Style

CSU ID#

Email Address

Classification

Permit Type

In consideration or the receipt of a parking permit from Coppin State University, I hereby agree that I will abide by any and all regulations relations to the operation or parking of motor vehicles on the campus and will comply fully with any sanctions, as specified by Coppin State University, if any violations occur. I also agree that all parking is at my own risk; in addition, I hereby release Coppin State University, its agents or employees from all liability that might arise out of said parking, including but not limited to, the release of any resent or future claims against Coppin State University, it agents or employees, for theft of said vehicle or Its contents, and the employees, that might arise out of the relocation of said vehicle. The foregoing release of liability is expressly intended to include the release of any resent or future claims against Coppin State University, its agents or employees for any negligence on their part.

Signature _____

Permit Number Issued _____
Date Issued _____
Amount Charged _____

Issued by _____
Expiration Date _____
Payment Type _____