## **Vehicle Registration Fee Waiver**



## Complete this form if you will NOT be driving or parking on campus.

| ,(Student Name)   | , request the vehicle registration fee for the  |
|---|---|
| (Fall, Spring, Summer/Year)   | semester be removed from my tuition bill.   |
| I certify that I will not be driving a ve<br>at any time during the above semest  | ehicle on the Hudson Valley Community College campus<br>ter.  |
|   | drive a vehicle on campus at any time during the semester,<br>he Cashier's Office and pay the appropriate vehicle registration<br>registration status.  |
| semester, I will be responsible for pa<br>vehicle registration fee that is assess | a parking decal in advance of driving on campus during the syment of any and all related parking fines in addition to the sed on my account based on my registration status. I also disciplinary action for any fraudulent misrepresentation regulations or campus regulations. |
| Student Signature   |   |
| Student ID#   |   |