

FAMILY AND FRIENDS REGISTERED GUEST PROGRAM

REGISTRATION FORM

Please complete this form to sign up your family and friends as registered guests. Completed forms should be returned to the front desk.

PLEASE PRINT CLEARLY

Resident Name: _____

Resident Phone: _____

Building Name and Unit #: (i.e., PV 101) _____

Date of Application: _____

Resident Email Address: _____

Resident Signature: _____

*By signing above, you acknowledge that you grant this individual permission to participate in the family and friends program and will accept the charge of **\$35** for registration. This one-time fee will be billed to your monthly statement. Participation in the program can be revoked if campus policies are violated. I assure that the individual who is being registered is either a family member or friend and not any other individual who is either paid for services by me or to perform work in my residence.*

Participant Name (Last, First): _____

Participant Vehicle Information:

Make: _____ Color: _____

Model: _____ Year: _____ State: _____

Registration Expiration: _____ License Plate Number: _____

Security will notify you when this application has been processed and your credentials are ready for pickup.

QUESTIONS?

Call the Asst. Security Manager office (Bre Jones) at **410-737-8808** for further details.



FOR OFFICE USE ONLY:

Issued By: _____ Issue Date: _____

Parking Sticker #: _____ Device Access #: _____