



**LIABILITY STATEMENT**

Name of Student \_\_\_\_\_  
(Please Print)

Social Security # \_\_\_\_\_ Date: \_\_\_\_\_

**Bus Pass**

Bus Pass #: \_\_\_\_\_ Amount charged \$ \_\_\_\_\_

Type:  College  Regular  Disabled/Senior

**Parking Permit**

Permit Requested:	<input type="checkbox"/>	Full Time	\$25.00
	<input type="checkbox"/>	Part Time	\$15.00
Semester: _____	<input type="checkbox"/>	Summer Only	\$ 5.00

Note: Please take a copy of this form to the Office of Public Safety

I agree to have Baltimore City Community College post the bus pass or parking permit charge to my student account.  
**I agree if the parking or bus charge is not paid by Financial Aid or a third party, it is my responsibility.**  
**If Financial Aid is processed for a refund check, Financial Aid cannot be used.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Posted By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)



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