



**CIPRIANI COLLEGE OF LABOUR AND CO-OPERATIVE STUDIES**  
**STUDENT SERVICES DEPARTMENT**

**VEHICLE ACCESS PASS APPLICATION FORM**

Please complete and file with the Student Services Department.

Name of Student: \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

Programme Level:       Introductory     Certificate     Diploma     Associate     Bachelor

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

Venue:                       Valsayn       El Dorado       Pleasantville       Tobago

Telephone Contact:      (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

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

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

Vehicle Type: \_\_\_\_\_

**Vehicle Number:** \_\_\_\_\_

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

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Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE NO.** \_\_\_\_\_