



STUDENT VEHICLE REGISTRATION

Student ID# _____ Name _____

Phone Number _____ Student Email _____

Concurrent Student ____ Yes ____ No Dorm Resident ____ Yes ____ No

Vehicle Information:

Tag Number _____ State _____ Model Year _____

Make Of Vehicle _____ Model _____ Color _____

Type: ____ Car ____ Truck ____ SUV ____ Other

Note: A separate registration form must be completed for every vehicle that you may park on campus.

<i>Business Office Use Only:</i>	
Date: _____	Permit # _____