

Vehicle Registration Form

Please print the completed form and bring it to the
Switchboard Operator – Building 20, Room 119 to obtain a parking permit.

DATE: _____

LAST NAME: _____ FIRST NAME: _____

STUDENT ID #: _____

FIRST VEHICLE:

MAKE : _____ MODEL: _____

TYPE (Please select one of the following.):

CAR TRUCK SUV VAN OTHER

YEAR: _____ COLOR(s): _____

LICENSE PLATE #: _____ STATE: _____

SECOND VEHICLE (if applicable):

MAKE: _____ MODEL: _____

TYPE (Please select one of the following.):

CAR TRUCK SUV VAN OTHER

YEAR: _____ COLOR(s): _____

LICENSE PLATE #: _____ STATE: _____

Office Use Only:

PERMIT #: _____