



Permit # _____

Parking Registration 2019-2020

Student Name: _____

Driver's License #: _____

	Vehicle 1	Vehicle 2
Make	_____	_____
Model	_____	_____
Year	_____	_____
Color	_____	_____
License Plate #	_____	_____
Plate Type	_____	_____

NOTE:

By signing you acknowledge that you understand and agree to abide by parking and campus rules.

Student Signature: _____