



Student Vehicle Parking Registration

Parking Permit #:

Expiration Date:

Assigned to parking space or area:

Name of Registered Car Owner: _____

Student Name: _____

Insurance Carrier/Policy #: _____

Phone #: _____ Alt. Phone #: _____

If you are registering more than one vehicle, please list each vehicle below.

Vehicle Name: _____ Model: _____

Year of Vehicle: _____ Color: _____

Vehicle Registration: _____ Year: _____ State: _____

Driver's Signature: _____ Date Registered: _____

Vehicle Name: _____ Model: _____

Year of Vehicle: _____ Color: _____

Vehicle Registration: _____ Year: _____ State: _____

Driver's Signature: _____ Date Registered: _____

Vehicle Name: _____ Model: _____

Year of Vehicle: _____ Color: _____

Vehicle Registration: _____ Year: _____ State: _____

Driver's Signature: _____ Date Registered: _____