

Student Parking Registration

Student Name: _____

Name on Registration: _____

License Plate #: _____

Vehicle Make: _____

Vehicle Year: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle Description: _____

- 4- Door
- 2-Door
- Motorcycle
- Sedan
- Sports Car
- Truck
- SUV/Crossover

Name of Insurance: _____

Insurance Policy #: _____

Coverage Expiration: _____

Assigned Tag#: _____

Tag Type _____

(OJT, Early Exit, etc): _____