

VEHICLE REGISTRATION INFORMATION CHANGE FORM

This form should be completed if you have any changes in information. This includes name and vehicle changes from the previous year registration. Failure to provide current information could result in suspension of the current parking

PLEASE PRINT OR TYPE

Personal Information

Name: _____ Student ID#: _____
Last First

Campus Address: _____
Building and room number

Home Address: _____
City State Zip

Telephone #: _____ Driver License: _____
State

Vehicle Information

Primary Vehicle

License Plate: _____ State: _____

Handicap #: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____

Secondary Vehicle

License Plate: _____ State: _____

Handicap #: _____ State: _____

Year: _____ Make: _____ Model: _____ Color: _____

Owner Information

Name: _____
Last First

Home Address: _____
City State Zip

Permit #: _____