



## Student Vehicle Registration Form

### Contact Information

Name (Last): \_\_\_\_\_ First \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Room # (if living in residence hall): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

New Student  Returning Student Athletic Team: \_\_\_\_\_

### Emergency Contact

Name (Last): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Room # (if living in residence hall): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Vehicle

Manor College Permit Number: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date Issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time Issued: \_\_\_\_\_ am/pm

Issued By: \_\_\_\_\_