



UNIVERSITY POLICE DEPARTMENT
MOTOR VEHICLE REGISTRATION
2018-2019

Permit#: _____

Circle One: Student Faculty Staff Maintenance Sodexo

Name: _____ Student ID# _____

Dorm Room # or Local Mailing Address: _____

Permanent Address (IF Different From Above): _____

CMB#: _____ Phone Number: _____

Driver's License # _____ State: _____

Vehicle License Plate: _____ State: _____

Vehicle Make: _____ Model: _____

Year Model: _____ Color: _____

Car Owner: _____

Owner Address: (if different from above) _____

Please fill out this form online and return it to:
801 Smythe
806-291-3490