



**ADJUNCT FACULTY  
VEHICLE REGISTRATION FORM**

**Personal Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Vehicle Information**

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

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

Make/Model: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Relationship: \_\_\_\_\_

*I acknowledge that the motor vehicle registered herein, or any motor vehicle under my control, is subject to be ticketed, towed, or immobilized when the vehicle is found to be in violation of the parking rules and regulations. I acknowledge that I am responsible for understanding the parking rules and regulations and that the decal/permit is for my personal use and may not be transferred.*

**cc: Public Safety**