

PARK UNIVERSITY
DEPARTMENT OF CAMPUS SAFETY
REGISTRATION AND PARKING PERMIT
APPLICATION

Faculty: _____ Staff: _____ Residential Student: _____ Commuting Student: _____

DRIVER INFORMATION

LAST: _____ FIRST: _____ MI: _____ SEX: _____ DOB: ____-____-____
HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ OPER. LIC. NO: _____
EXP. DATE: ____-____-____ STATE: _____ CLASS: _____ REST: _____ ENDORS: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME: () _____ WORK: () _____ CELL: () _____
E-MAIL: _____ @ _____ PARK ID #: _____

VEHICLE INFORMATION

1. COLOR: _____ YR: _____ MAKE: _____ MODEL: _____ BODY: _____
LICENSE: _____ STATE: _____ COUNTY: _____ YEAR: 2 _____
INS. CO.: _____ POLICY #: _____
VIN: _____ () _____ (17 Numbers and digits.
This number will be on your insurance card, in the top left corner of the dashboard or driver's door frame)

2. COLOR: _____ YR: _____ MAKE: _____ MODEL: _____ BODY: _____
LICENSE: _____ STATE: _____ COUNTY: _____ YEAR: 2 _____
INS. CO.: _____ POLICY #: _____
VIN: _____ () _____ (17 Numbers and digits.
This number will be on your insurance card, in the top left corner of the dashboard or driver's door frame)

3. COLOR: _____ YR: _____ MAKE: _____ MODEL: _____ BODY: _____
LICENCE: _____ STATE: _____ COUNTY: _____ YEAR: 2 _____
INS. CO.: _____ POLICY #: _____
VIN: _____ () _____ (17 Numbers and digits.
This number will be on your insurance card, in the top left corner of the dashboard, or driver's door frame)

I understand that my vehicle(s) must be properly registered, licensed, and insured in order to have it on the Park University campus. I have been given a copy of the Park University traffic regulations and I agree to follow all Park University traffic and parking regulations.

Signature: _____ Date: ____-____-____

DO NOT WRITE BELOW THIS LINE

Date Received: ____-____-____ Received By: _____ **Sticker #1:** _____

Date Issued: ____-____-____ Issued By: _____ **Sticker #2:** _____

Date Entered: ____-____-____ Entered By: _____ **Sticker #3:** _____