

## STETSON UNIVERSITY VEHICLE REGISTRATION

**Please Print Clearly**

Indicate your status by checking one of the following:

Resident Student     
  Commuter Student     
  Faculty/Staff

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Campus Phone \_\_\_\_\_

Stetson ID# \_\_\_\_\_ Driver's License# \_\_\_\_\_

Residence Hall \_\_\_\_\_ Room# \_\_\_\_\_

Off Campus Street Address \_\_\_\_\_

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

(Office Use Only) Veh. 1
(Office Use Only) Veh. 2
(Office Use Only) Veh. 3
(Office Use Only) Veh. 4

Vehicle 1
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____
Ins. Co. _____

Vehicle 2
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____
Ins. Co. _____

Vehicle 3
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____
Ins. Co. _____

Vehicle 4
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____
Ins. Co. _____

### ALL REGISTRANTS MUST READ AND SIGN BELOW

I certify that the information I have provided on this form is correct and further understand that should any of the information change, I will notify Public Safety of these changes. I also certify that the above registered motor vehicle(s) are either owned or leased by me or a member of my immediate family. I further understand and agree to abide by all traffic rules and regulations as written in the current Stetson University *Guide to Campus Traffic and Parking Regulations* which has been provided to me. Furthermore, if I am a student, I authorize the Division of Public Safety to charge my student account for the cost of the parking permit.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_