



Date: _____ Permit Number: _____

AUTOMOBILE REGISTRATION RECORD

Name: _____

Student I.D.: _____ Phone #: (_____) _____

Mailing Address: _____

Driver's License #: _____ State of Issue: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Year: _____ Vehicle Color: _____

License Plate #: _____ State of Registration: _____

Handicap Plate #: _____ If unlicensed, must add to record upon obtaining license plate.

If vehicle has handicapped plate or placard and student will use handicapped parking, show permit issued.

I acknowledge that I have received and will review the UACCM Parking and Traffic Regulations brochure. I understand that the Campus Police will assist and answer questions.

Signature: _____

YOU MUST HAVE A VALID UACCM PARKING PERMIT

To avoid a parking ticket in the future, print, complete, and return this form to the receptionist located at the "Information" booth of the University Center (UC) to get your new free permit.



Thank you and have a safe semester,
Campus Police