



NORTHEASTERN STATE UNIVERSITY

Student and Faculty/Staff Vehicle Registration

Office Use Only

Last Name		First Name		Middle Name	Banner ID#
Year		Make	Model	Color	License Plate #
State/Tribe		VIN (if no tag)			
Body Style		<input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle			
Campus/ Local/ Office Address		City/State	Zip	Phone Number	
Permanent Address		City/State	Zip	Phone Number	

Permit #
Price
Date
Receipt #
Time

- On Campus
 Family Housing
 Commuter
 Employee
 Motorcycle

I understand the information being provided is confidential under Federal and State law and is being released only for the reason I have indicated above and is to be released to no other entity. I certify that the above information is true. I understand that I am responsible for reporting any changes. I agree to abide by the NSU Parking and Traffic regulations.

Signature

Date