

Office Use Only

ST- _____



Student Vehicle Registration Form

Contact Information

Name (Last): _____ (First): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Residence During School Year: _____ City: _____ Zip: _____

Room# (if living in residence hall): _____ A.U.I.D. #: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

New Student Returning Student Athletic Team: _____

Emergency Contact

(preferably someone on campus, if vehicle needs to be moved in the event of an emergency)

Name (Last): _____ (First): _____

AU Address or Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Office Phone: X _____

Vehicle

Aurora University Permit Number: ST- _____

Vehicle Year: _____ Vehicle Color: _____

Vehicle Make: _____ Vehicle Model: _____

License Plate Number: _____ State: _____ Expiration Year: _____

Name: _____ Signature: _____ Date: _____

***I understand parking regulations can be found at**

<http://www.aurora.edu/student-life/campus-services/campus-safety/parking1/index.html#VVVoikkbMI8M>

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Date Issued: ____ / ____ / 20 ____ Time Issued: _____ am/pm

Issued By: _____

Date Entered: ____ / ____ / 20 ____ Entered By: _____

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