

Student Vehicle Registration Form

Contact Information

Name (Last): _____ (First): _____

Dorm & Room#: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Address during School year: _____ City: _____ State: _____ Zip: _____
(if different than home address)

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

Driver's License #: _____ State: _____ A.U.I.D. #: _____

New Student Returning Student

University 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: (____) _____

Vehicle

License Plate #: _____ State: _____ Expiration Month/Year: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____

Name: _____ Signature: _____ Date: _____

*I understand parking regulations can be found at <https://aurora.edu/student-life/campus-services/campus-safety/parking1/index.html>.

Office Use Only

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

Issued By: _____

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

ST- _____

Office Use Only