



Decal# _____

VEHICLE REGISTRATION FORM 2017-2018

COMMONS	SCHOLARS
CENTENNIAL COURT	CIMMARON
COMMUTER	FACULTY AND STAFF
VISITOR	RESERVED
VENDOR	YOUNG

RESIDENTIAL/PERSONAL INFORMATION

Driver's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Campus Apartment: _____ Room# _____

Driver's License Number: _____ State: _____

Home/Cell phone: _____

Email: _____ SID# _____

VEHICLE INFORMATION

MAKE	MODEL	YEAR	PLATE#	STATE

VIN# _____

Handicap Placecard & State # _____

INSURANCE COMPANY INFORMATION

Insurance Company: _____

Effective Date _____ Expiration Date: _____

Policy Number: _____

I _____, received a copy of the Langston University Police Department rules and regulations, and agree to abide by the rules and regulations printed.

Driver Signature: _____ Date: _____

Issuer: _____ Date: _____