

Lock Haven University Vehicle Registration
Resident Students must have 48 credit hours earned

Official Use Only

Issued by _____ Date _____

Permit# _____

Please print legibly and fill out all information

Last Name _____ First Name _____

Driver # _____ State _____ Expiration Date: _____

Student ID# _____ E-Mail Address _____

Permanent Address: _____ Permanent Phone# _____

Campus Address: _____ Campus Phone# _____

Vehicle Year: _____ Make: _____ Body Style: 2door - 4door - SUV - Truck - Van- N/A
(Circle One) _____

Color/s: _____ Plate# _____ State _____ Exp. Date: _____

Owner/s: _____ Address: _____

I agree to abide by the Lock Haven University Parking Rules and Regulations and accept all responsibility for any parking violations that are issued to the above registered vehicle/vehicles and further agree to satisfy all payment of fines of said violations.

Signature _____ Date _____

(Rev. 7/07)