



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

STUDENT VEHICLE REGISTRATION FORM

PERSONAL INFORMATION:

NAME: _____ SID#: _____

CAMPUS PHONE#: _____ CELL PHONE# _____

EMAIL ADDRESS: _____

PERMANENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____ # of Doors _____

LICENSE PLATE#: _____ STATE: _____ COLOR: _____

VIN# (NEW VEHICLES ONLY) _____

PARKING AREA: (CHECK ONE)

_____ UNIVERSITY VILLAGE PHASE 1 & 2 _____ COMMUTER
_____ UNIVERSITY VILLAGE PHASE 3 _____ COLLEGE OF NURSING
_____ UNIVERSITY COLLEGE

I agree to abide by all parking rules and regulations.

SIGN HERE _____ DATE _____

FOR OFFICE USE ONLY:

DECAL# _____

ISSUED BY: _____