

# Vehicle Registration and Parking Permits

PERSONAL CONTACT INFORMATION		
Name	Affiliation Student – Secondary Schools, College, Theological School Employee – Faculty, Staff	
Home address	City	State/Zip
Campus address (Box number)	Home phone	Cell phone
Email address	Campus phone	Other phone
Usual parking location		

VEHICLE DESCRIPTION				
Registered Owner(s)	Year	Make	Model	Color
Style Sedan    Van    Truck    Hatchback    SUV    Wagon    Motorcycle    Other				
VIN	License Plate State		Number	
Other Drivers of This Vehicle				

I agree to comply with the Campus Parking Plan and Enforcement Policy.  
Policy is available at <http://www.brynathyn.edu/student-life/safety>.

Signature

Printed Name

Date

** THIS SECTION TO BE COMPLETED BY SECURITY AND SAFETY DEPARTMENT **				
Sticker Issued	Code/Color	Number	Date	By
Reserved or Restricted Permission				
Notes				