

Decal # _____

Tennessee Temple University

Department of Security
Vehicle Registration Form

Name: _____
(Print) Last First MI

ID #: _____

(On Campus Students/Staff/Faculty)

Dorm Room: _____

Phone Ext.: _____

Owner Of Vehicle: _____

(Off Campus Student/Staff/Faculty)

Local Address: _____

Contact Phone # _____

All (Check all that apply)

Student I **will not** have a car on campus (Circle one) SP/Fall Year: 20_____

Staff I **will** have a car on campus (Staff/Faculty) Dept: _____

Faculty

Vehicle Information

Make: _____

Model: _____

Year: _____

Color: _____

Tag Number: _____

State: _____

Insurance Co: _____

Policy Number: _____

Expiration Date: _____

I understand that if there are any changes in my plans to operate a vehicle or with the vehicle that I have registered, I will register the change with Campus Security within 48 hours.

Signature

Date