Lock Haven University Vehicle Registration fill out all information and check appropriate box.

- ☐ PA Program
- ☐ Campus Village
- ☐ Off-Campus (living inside perimeter)
- ☐ Commuter
- ☐ Resident (30 credits or more)
- ☐ Resident (29 credits or less)
- ☐ Graduate Student
- ☐ Resident Assistant

Official Use Only
Issued by ____ **Date** ____
Permit# ____

Last Name ____ **First Name** ____ **Student ID #** ____

Driver # ____ **State** ____ **Expiration Date:** ____ **E-Mail Address** ____

Permanent Address: ____ **Campus Address:** ____

Permanent Phone #: ____ **Office Phone #** ____

#1 Vehicle Year: ____ **Make:** ____ **Model** ____ **Body Style:** 2door ☐ 4door ☐ SUV ☐ Truck ☐ Van ☐ N/A ☐

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 ticket 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. 8/13)

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