MOTOR VEHICLE REGISTRATION REQUEST FOR UNCLASSIFIED STUDENTS

Please submit a copy of your driver's license, insurance and vehicle registration along with this form to the address below.

Student ID: _______ Name: ________________________________

Address to send sticker to:

__________________________
Street

__________________________
City State Zip

Check the box that applies to you:

Teacher Certification Architecture Post Graduate

Not working toward a degree or certificate at Judson

What is the 1st semester you will attend Judson? _______

If you are not the owner of the vehicle, who is and what is your relationship?____________________________________

Make: _____________________________________________

Model: _____________________________________________

Color: _____________________________________________

License Plate #: ___________________________________

I have read the Judson University Student Parking and Information sheet and understand that I am responsible for all of the parking and traffic regulations as listed.

Signature: __________________________ Date: ______________

If you have any questions please contact the Parking Information Line at 847/628-2483.

Mail or deliver this form to:
Campus Safety
C/O Parking Coordinator
1151 N State St
Elgin, Ill 60123
847/628-2438

For office use only:

Permit#________________________

Date Issued:___________________