



Student Motor Vehicle Registration 2008-2009
OFFICE of STUDENT AFFAIRS

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Please print or type

Name: _____
Last First M.I. Preferred
SSN: _____ **Birthdate:** _____ **Sex:** Male Female

VEHICLE INFORMATION

Tag Number: _____ **State:** _____
Year of Vehicle: _____ **Vehicle Color:** _____
Make/Model of Vehicle: _____