AUTOMOBILE REGISTRATION
PLATTSBURGH STATE
UNIVERSITY POLICE

OFFICE USE ONLY
F/S ON OFF
PERMIT#_____
BILLING VERIFICATION: ☐

NAME OF CAMPUS DRIVER: _____
LAST FIRST MI

HOME ADDRESS: _____
STREET OR BOX # CITY STATE ZIPCODE

HOME PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____
OR BANNER NUMBER REQUIRED

DATE STAMP

VEHICLE REGISTRATION INFORMATION

YOU ARE REQUIRED TO SHOW VEHICLE REGISTRATION WHEN REGISTERING YOUR VEHICLE.

NAME OF REGISTERED OWNER: _____
ADDRESS OF REGISTERED OWNER:

STREET OR BOX # CITY STATE ZIPCODE

PLATE NUMBER STATE MAKE OF VEHICLE YEAR OF VEHICLE COLOR

CHECK HERE IF YOU ARE HANDICAPPED (DOCTOR'S NOTE IS REQUIRED) ☐

STUDENT INFORMATION

LOCAL ADDRESS: _____
IF DIFFERENT FROM HOME STREET OR BOX # CITY STATE ZIPCODE

ROOM#: _____

CELL#: _____

DORM BUILDING ROOM PHONE

FRESHMAN ☐ **SOPHOMORE** ☐ **JUNIOR** ☐ **SENIOR** ☐ **OTHER** ☐

FACULTY / STAFF

OFFICE BUILDING ROOM PHONE

P-01/06