



SEMINOLE *State* **COLLEGE**

STUDENT VEHICLE REGISTRATION

Name _____ Parking Permit No. _____

Student I.D. _____ Tag No. _____

Student E-Mail: _____ Cell Phone _____

Dorm Resident ___ Yes ___ No Concurrent Student ___ Yes ___ No

Type of Vehicle:

Make of Vehicle _____ Car _____

Model Year _____ Truck _____

Color _____ Van _____

Other _____

Registered owner of vehicle other than student:

Name: _____ Telephone #: _____

Address: _____

Note: A separate registration form must be completed for every vehicle that you may park on campus.

Date: _____

SSC assumes no responsibility for vehicle or personal belongings