

**MORGAN STATE UNIVERSITY  
MOTOR VEHICLE REGISTRATION**

\* Shaded Areas for Office Use Only

PARKING PERMIT NUMBER:	ACCOUNT #
EXPIRATION DATE:	OTHER:

ASSIGNED TO THE FOLLOWING PARKING SPACES OR AREA:
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Please print and complete in its entirety:

<b><i>Please Check Your Current Status :</i></b>		Current Assigned Lot: (If Applicable)
Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>	
Commuter Student <input type="checkbox"/>	Residential Student <input type="checkbox"/>	

**PRIMARY DRIVER'S INFORMATION**

Name: \_\_\_\_\_  
Last First MI

Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone/Other: \_\_\_\_\_ SS# \_\_\_\_\_

License #: \_\_\_\_\_

**PRIMARY VEHICLE**

Registered Owner's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

Home Phone/Other: \_\_\_\_\_

Tag#: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

**SECOND VEHICLE**

Owner's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

Home Phone/Other: \_\_\_\_\_

Tag#: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

**THIRD VEHICLE**

Owner's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

Home Phone/Other: \_\_\_\_\_

Tag#: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_