 **CLAYTON STATE UNIVERSITY Date \_\_\_\_\_\_\_\_\_\_**

 **Student Vehicle Registration Form**

**Please check the type of student parking permit:**

**Commuter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Laker Hall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Laker Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please print clearly***

**Last Name First Name MI**

**Laker ID #: Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

 **City State Zip**

**Tag # State**

**(Tag Number is required.)**

**Vehicle Make Model Year Color**