

Office Use Only	
AU-	

AU-____

Faculty/Staff Vehicle(s) Registration Form

Contact Information

Name (Last):		(First):			
Home Address:			-		
City:	State:	Zip C	Code:		
Home Phone: ()	Cell Phone: (_) o	ffice Phone: X		
Driver's License #:		-			
AU Department:	AU Office:		ffice Number if applicable		
New Faculty/Staff?		Dunuing and Or	mee i vanibei ii appiicable		
Emergency Contact: (Preferably someone on campus, if vehicle	e needs to be moved in	the event of an emergency	v)		
Name (Last):			,		
AU Office or Home Address:					
City: State:	Zip Coo	de:			
Home Phone: ()	Cell Phone: ()	Office Phone: ()	
Vehicle1					
Aurora University Permit Number: AU					
License Plate #:	State:	Expiration Month/Year	::		
Vehicle Year: Vehicle M	ake:	Vehicle M	Model:		
Vehicle Color:					
Vehicle 2:					
Aurora University Permit Number: AU-					
License Plate #:	State:	Expiration Month/Year	:		
Vehicle Year: Vehicle M	ake:	Vehicle N	Model:		
Vehicle Color:					
Name:	Signature:		Date:		
*I understand parking regulations ca safety/parking1/index.html.				<u>8-</u>	
	Office Use Only				
Date Issued: / / 20	Time Issued: _	am/pm		AU	AU
Issued By:					Office Use Only
					se Onl
Date Entered:// 20	Entered By:				Y
			1	1	