



## Student Vehicle Parking Registration Form

### Student Information

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Student ID#: \_\_\_\_\_

### Vehicle Information

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Year: \_\_\_\_\_

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

State: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Registrar's Office (you can return it in person or to the following options)**

Mail to:	Fax to:	Email to:
ATTN: Registrar's Office Murray State College One Murray Campus Tishomingo, OK 73460	580.387.7239	registrar@mscok.edu

### Office Use Only

MSC Tag #: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_