



PennState
Wilkes-Barre

Vehicle Registration Form

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

PSU ID Number: _____ Date of Birth: _____

Cell Phone: _____ Other Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Vehicle 1

Year: _____ Make: _____ Model: _____

Color: _____ Plate: _____ State Registered: _____

Vehicle 2

Year: _____ Make: _____ Model: _____

Color: _____ Plate: _____ State Registered: _____

Insurance Company: _____ Policy Number: _____

Expiration Date: _____ State Driver's License was Issued: _____

I agree that the vehicle(s) will be parked on campus at no liability and/or risk to the university. If the vehicle is parked in violation of any parking regulations, it may be removed by the university. I agree to abide by the parking and traffic regulations of the university. I will report any change of my local address to the police office immediately.

Student Signature: _____ Date: _____

For Office Use Only

Vehicle Tag 1: _____ Vehicle Tag 2: _____ Vehicle Tag 3: _____