NAME: ______________________________________________________

Must provide proper ID

COLLEGE ID: ______________________________________________________

STATE: __________ PLATE NUMBER: __________________________

VEHICLE YEAR: __________ MAKE: ______________ COLOR: ________

The permit issued to you is for YOUR use only.
You may transfer the permit to another vehicle that YOU operate, but not to another person.
Any parking citations issued to this permit will be entirely your responsibility.

OFFICE USE ONLY

VEHICLE REGISTRATION

YEAR: __________ TYPE: __________ NO: __________

FACULTY / STAFF ONLY: $5 Cash / Check
(Students billed on their account)

DATE: __________________ INIT: __________________

☑ UPDATES: __________________________________________________________________

☐ FACULTY/STAFF
(Alfred State employee only)

☐ UPPERCLASSMAN
(25+ credit hours)

☐ FRESHMAN
(Living in residence hall)

☐ COMMUTER
(Living off campus)