

Johnson C. Smith University
Student – Automobile Registration

For Office Use Only

Permit No. _____

Date Issued: _____

Campus Police: _____

Please Print

Name: _____ Student ID#: _____

Address (Street): _____

City, State, & Zip: _____

Home or Cell #: _____

Driver's License #: _____ State: _____

Insurance Company: _____ Policy #: _____

Vehicle #1

Make of Car: _____

Model of Car: _____

Year of Car: _____

Type: 2 Door _____ 4 Door _____

Color of Car: _____

License Plate #/State: _____

Vehicle Registration #/State: _____

Vehicle Owner's Name: _____

Vehicle #2

Make of Car: _____

Model of Car: _____

Year of Car: _____

Type: 2 Door _____ 4 Door _____

Color of Car: _____

License Plate #/State: _____

Vehicle Registration #/State: _____

Vehicle Owner's Name: _____

******Please bring completed form, proof of insurance, car registration and driver's license along with receipt of payment when coming to campus police to obtain your parking decal.******