Abilene Christian University
Police Department

Faculty/Staff
Vehicle Registration Form

_____
(Last Name) (First Name) (Middle Name)

BANNER ID #:_____

Department / Office:

_____
(Department Name) (Extension Number)

Phone numbers are **required** for emergency contact purposes and are treated confidentially.

Local Ph.#_____Cell#_____

Vehicle License Plate No.	**State**	**Permit #** Office Use Only

Make	**Model**	**Color**
Example: Ford, Chevy, Toyota, etc	*Example: F-150, Impala, Camry, etc.*	**Vehicle Year**

ACU EMAIL:_____

All correspondence regarding appeals will be communicated via your ACU email address.

I certify the information on this application is true and correct and that I will familiarize myself with the campus traffic & parking regulations as provided at: www.acu.edu/acupolice

I hereby authorize the ACU Police Department to charge applicable parking permit fees and any fines I incur to my Banner Account.

_____
(Signature) (Date)