

Bicycle Registration

University Police Department



Name (Last, First, Middle)	
Student ID Number	
Contact Phone Number	
Email Address	
Campus Address	
Home Address	
Class	<input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Grad <input type="checkbox"/> Fac/Staff

Type of Bicycle	
Speed	
Year	
Color	
Make	
Model	
Serial Number	

Instructions:

1. Fill out this form completely
2. Bring this form **and your bicycle** to the University Police Department, 525 W. Hampton Dr.
3. Receive a decal

Keep a copy for your records