

THE OHIO STATE UNIVERSITY AT LIMA, RHODES STATE COLLEGE
STUDENT VEHICLE REGISTRATION FORM

STUDENT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL NO: (HOME) _____ - _____ - _____ CELL NO: _____ - _____ - _____

DATE OF BIRTH: ____ / ____ / ____

VEH MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____

VEH LICENSE NO: _____ STATE: _____

OWNER NAME: (IF NOT STUDENT) _____

OWNER STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL NO: (HOME) _____ - _____ - _____

COLLEGE ATTENDING:

OSU-LIMA: _____ RHODES STATE: _____

**NOTE: DISPLAY OF DECAL IS REQUIRED TO PARK IN
LIMA CAMPUS PARKING LOTS.**

**AFFIX DECAL TO LOWER RIGHT (PASSENGER)
SIDE OF FRONT WINDSHIELD.**

Office use Only

DECAL
NO: _____

DATE ISSUED:
