

Decal # _____
Date _____

UCONN HARTFORD CAMPUS STUDENT VEHICLE REGISTRATION 2008-2009

Name: _____ Stdnt ID # _____
Last First Middle (Peoplesoft ID#)

Address: _____
Street City State Zip

Check applicable blocks: _____ Handicap State Permit # _____
 Motorcycle Summer Disabled

Program Attending: Social Work Undergraduate MPA TCPCG REAL ESTATE/INS.

Plate # _____ State _____ Make _____ Model _____ Color _____ Year _____

Registered Owner _____
Last First

Owner's Address _____
Street City State Zip

THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE APPLICANT SIGNS IT. YOUR SIGNATURE CERTIFIES THAT THE INFORMATION CONTAINED ON THIS FORM IS CORRECT AND THAT YOU AGREE TO OBSERVE ALL TRAFFIC AND PARKING RULES AND REGULATIONS ESTABLISHED BY THE UNIVERSITY.

Date: _____ Signature _____

PLEASE RETURN THE COMPLETED REGISTRATION FORM BY:

MAIL:
UNIVERSITY OF CONNECTICUT
85 LAWLER RD.
WEST HARTFORD, CT 06117

FAX:
860.570.9261

IN-PERSON
BURSAR'S OFFICE
UNDERGRAD BLDG.
ROOM 102

Paid by: Check Cash Credit Card Online

Processed by: _____
Cashier's Paid Stamp with Date

PLEASE MAIL DECAL WILL PICK UP DECAL

PLEASE NOTE: DECALS WILL NOT BE ISSUED UNTIL FEE BILL IS PAID IN FULL