

Rhodes State College
Staff Vehicle Registration Form

Last Name: _____ First Name: _____

Building: _____ Room: _____ Gate Keycard#: _____

Department: _____ Position: _____ Ext: _____

Vehicle Plate#: _____ State: _____

Vehicle Make: _____ Year: _____

Registration Type:

Staff: _____ Faculty: _____

Note: Display of decal is required to park in campus parking lots. Affix decal to lower right inside windshield.

Office Use Only
Decal# _____
Date: _____
Received by: _____