

Rhodes State College/The Ohio State University at Lima
Student Vehicle Registration Form

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Date of Birth: ____/____/____

Vehicle Plate#: _____ State: _____

Vehicle Make: _____ Year: _____

Registration Type:

OSU-Lima: _____ Rhodes State: _____

*Note: Deliver this form **IN PERSON** to the Security Office, Tech Lab Room 140, to receive your decal.
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: _____