Office Use Only
Date: ____/____/_____
Cash: ☐ Receipt ☐

TOUGALOO COLLEGE

VEHICLE REGISTRATION

FEE -- $10

STUDENT

Name _____
Last *First* *Middle Initial*

Classification _____ **Student ID#** _____

Driver's License Number _____ **State** _____
Expiration Date: ____/____/_____

☐ **Resident Student**
A. A. Branch **Berkshire A** **Berkshire B** **New Women** **Renner**
Room Number _____ **Telephone Number** _____

☐ **Commuter Student**
Local Address _____

Telephone Number _____

VEHICLE INFORMATION

Vehicle Make/Model _____

Year _____ **Color** _____

Tag Number _____ **State** _____ **County** _____

Insured by _____ *Expiration Date:* ____/____/_____

FOR OFFICE USE ONLY

Decal Number _____ **Receipt #** _____ **Issued by** _____

Please note: You must complete this form and return it to Department of Public Safety located in One Jackson Place. All Decals are issued here upon payment.

Revised 091719