



Abilene Christian University
Police Department



**Faculty/Staff
Vehicle Registration Form**

(Last Name) (First Name) (Middle Name)

BANNER ID #: _____

Department / Office:

(Department Name) (Extension Number)

Phone numbers are **required** for emergency contact purposes and are treated confidentially.

Local Ph.# _____ Cell# _____

Vehicle License Plate No.

State

Permit #

Office Use Only

Make

Model

Color

*Example:
Ford, Chevy, Toyota, etc*

*Example:
F-150, Impala,
Camry, etc.*

Vehicle Year

ACU EMAIL: _____
All correspondence regarding appeals will be communicated via your ACU email address.

I certify the information on this application is true and correct and that I will familiarize myself with the campus traffic & parking regulations as provided at: www.acu.edu/acupolice

I hereby authorize the ACU Police Department to charge applicable parking permit fees and any fines I incur to my Banner Account.

(Signature)

(Date)