



# MOTOR VEHICLE REGISTRATION 2024-25

PLEASE CHECK ONE OF THE FOLLOWING:

☐ Faculty ☐ Staff ☐ Student: Residence Hall \_\_\_\_\_ Commuter: ☐ Yes ☐ No

PLEASE SELECT ONE:

- ☐ Academic Year 2024-2025 (Aug. 19 – August 15, 2025) - \$100  
☐ (Option A) Faculty and Staff Parking (Aug. 19 – August 15, 2025) - \$100  
☐ (Option B) Reserved Parking Spot (Aug. 19 – August 15, 2025) - \$250



Name \_\_\_\_\_ KSU ID# \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Name \_\_\_\_\_  
Last First MI

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

*I understand that parking permits are non-transferable. If I withdraw from KSU, I must return my parking permit to the KSU Police Department. I agree to comply with Motor Vehicle Traffic and Parking Regulations. All information shown on this application is true. Vehicle must be insured. KSU will not be responsible for lost or stolen items.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone \_\_\_\_\_ KSU Email \_\_\_\_\_

Payment:

☐ Credit Card ☐ Student Account (Student Only) ☐ Payroll Deduction (Faculty and Staff Only)

## OFFICE USE ONLY

Zone \_\_\_\_\_

Payment Received \_\_\_\_\_

Permit No. \_\_\_\_\_

Approved Order \_\_\_\_\_