

2009 / 2010		GRAYSON COUNTY COLLEGE VEHICLE REGISTRATION FORM				Permit #: (Leave Blank)	
Last Name:			First Name:		Middle:	Social Security #:	
<input type="checkbox"/> GCC Student <input type="checkbox"/> SOSU Student <input type="checkbox"/> GED / ESL <input type="checkbox"/> Handicap Parking Required			<input type="checkbox"/> Administrator (Title: _____) <input type="checkbox"/> Faculty (Division: _____) <input type="checkbox"/> Staff (Employee Assignment: _____) <input type="checkbox"/> Other (Explain: _____)				
Driver's License #:		State:	Make of Car:	Model:	Year:	Color:	
License Plate #:		State:	Telephone #:				
Home Address:				City, State, Zip			
My Signature below indicates that I have received a copy of the college traffic/parking regulations and agreement to comply while operating a vehicle on campus.							
Signature:						Date:	
For Office Use Only: Revised July 20, 2009		Paid: _____ Not Paid: _____ Additional Parking Permit: _____ Check for Payment: _____					

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