



Murphy Deming College Health Sciences

STUDENT AUTOMOBILE REGISTRATION

PLEASE PRINT

Date: _____

Decal: _____
(office use only)

STUDENT INFORMATION

Name: _____

Student ID Number: _____

Cell Phone Number _____

VEHICLE INFORMATION

Make: _____ Model: _____

Year: _____ Color: _____

License Plate Number: _____ State: _____

****FOR MDCHS STUDENTS ONLY:**

**Home Address: _____

STUDENT SIGNATURE _____