

**ANDERSON UNIVERSITY
BICYCLE REGISTRATION APPLICATION**

OFFICE USE ONLY:						
DATE: _____		RP #: _____		PERMIT#: _____		
ENTERED IN DUNCAN BY: _____				DATE: _____		
NAME:				STUDENT ID #:		
HOME ADDRESS (Street, City, State, Zip)				CELL PHONE:		
CAMPUS ADDRESS (ex: Dorm, Room #)				PHONE EXT.:		
FRAME STYLE:		FRAME SIZE:	MAKE:		MODEL:	
COLOR:			SERIAL NUMBER:		APPROXIMATE VALUE:	
I hereby agree to observe and obey all Anderson University bicycle-parking regulations. Bicycles owner or driver acknowledges that Anderson University assumes no liability for theft or damage to bicycles. I certify under penalties for perjury that the foregoing information is correct.						
Year in School:		___ Freshman ___ Sophomore ___ Upperclassman ___ Grad Student				
Date: _____		Signature: _____				

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