Central Alabama Community College

Vehicle Registration

CACC Student Number: A_____

Last Name: _____

First Name: _____

Student Phone Number: (_____) _____ – _____

Make: (ex. Toyota) _____

Model: (ex. Camry) _____

Color: _____

License Tag #: _____

Bring the completed form to any police office on the designated campus site, along with the required items for the officer to verify in person.

1. **Vehicle Tag Registration Verification**
2. **Driver's License #** _____
3. **Insurance Name:** _____
4. **Insurance Policy #** _____
5. **Copy of Current Class Registration** _____

DEPARTMENT USE ONLY

Parking Decal #: _____ Academic Year: _____

Completed by: _____ Campus: _____

Date Issued: _____

For questions, please contact Campus Police: **(256) 215-4360** | police@cacc.edu