

Faculty/Staff Vehicle Information Form

Hocking College Police Department

Permit #: _____ Faculty/Staff ID #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DL#: _____

Vehicle Information

Plate #:	
Year	
Make	
Model	
Color	
Type	
Style (# of doors)	

*: If more than one vehicle will be driven on campus,
please obtain a separate permit for that vehicle.