



2020-2021 Student Vehicle Registration Form
(This form must be completed by ALL students)

Student Information

Name: _____
Cell Phone #: _____
Student ID #: _____
Signature: _____
Date: _____

Vehicle Information

Make: _____
Model: _____
Color: _____
Year: _____
License Plate #: _____

Insurance Information

Insurance Company: _____ Phone #: _____
Policy #: _____
Driver's License/State #: _____ / _____

Please return this form the Registrar's Office (you can return in person or to the following options)

Mail To:
Registrar Office
1 Murray Campus
Tishomingo, OK 73460

Email To:
registrar@mscok.edu

Fax To:
580.371.7239

Office Use Only

MSC Tag #: _____ Date: _____ Staff Initials: _____