Drake
UNIVERSITY

Bicycle Registration

(Bicycle Registration is free of charge)

Name:_____Drake ID# :_____
First MI Last

Local Address:_____
Street City State Zip

On campus? Yes____ No____ If yes, what residence hall? _____

Cell Phone Number**:** _____

Bicycle information

Serial #	Make	Model	Color	Year	Characteristics?
1.					
2.					

I understand that bicycle registration does not guarantee the security of my bicycle and may not prevent theft and/or damage.

Signature: _____ Date: _____

Please return this form to either the Student Services Center or Drake Public Safety.

Office Use Only:
Permit Number: _____
Issued By: _____
Date: _____
Entered By (RE): _____