



Institute of American Indian Arts Bike Registration



Permit No.: _____ Issued: _____ By: _____

Name: (print clearly): _____

Student: On-Campus Off-Campus IAIA ID No.: _____

Or
 Faculty Adjunct Staff – Department: _____

Address: _____

City/State/Zip Code: _____

Phone No.: _____ Alternative No.: _____

Model: _____ Type: _____

Color: _____

Bicycles shall be parked only in designated racks placed on campus. Bicycles secured to campus fixtures other than designated racks shall be subject to removal without prior notice. responsibility for the security of parked bicycles rests with the owner. IAIA shall not be responsible or liable in any way for lost, stolen, or damaged bicycles.

Signature: _____ Date: _____