



**Institute of American Indian Arts
Bike Registration**



Permit No.: _____ Issued On: _____ By: _____

Name:(print) _____

Student: _____ Faculty: _____
On-Campus _____ Adjunct: _____
Off-Campus _____ Staff: _____ Dept: _____

Address: _____

City/State: _____

Zip Code: _____

Local Phone: _____ Cell Phone: _____

Model _____ Type _____

Color _____

Signature: _____

Date: _____