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: ____________________________

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