



SAFETY & SECURITY FORM

SECTION 1: STUDENT INFORMATION

Last Name First Name Middle Initial CCU ID #

Home Address City State Zip Code

_____-_____-_____
Cell Phone # Email Mailbox #

Residential Dorm: _____ Floor: _____ Room: _____
 Commuter

SECTION 2: EMERGENCY CONTACT INFORMATION

Contact's Name Relationship

_____-_____-_____
Primary Phone # Alternate Phone #

SECTION 3: VEHICLE INFORMATION *(Please Note: No decals are provided without proof of insurance)*

Primary Vehicle

Make _____ Model _____ Color _____

Year _____ License Plate # _____ State Issued In _____

License Plate Expiration Date: _____/_____
(MM/YYYY) CCU Decal # _____

Registered Owner _____ Phone # _____-_____-_____

Home Address City State Zip Code

Secondary Vehicle

Make _____ Model _____ Color _____

Year _____ License Plate # _____ State Issued In _____

License Plate Expiration Date: _____/_____
(MM/YYYY) CCU Decal # _____

**IF REGISTERED OWNER/INSURANCE INFORMATION IS DIFFERENT FROM ABOVE, PLEASE ATTACH
ADDITIONAL INFORMATION TO THIS FORM.**