

NOTIFICATION OF CHANGE OF VEHICLE

By maintaining up to date records staff and students will assist the University in providing a more secure car park environment plus the ability to contact vehicle owner should the need arise

CAPITAL LETTERS PLEASE

Details:

TITLE: SURNAME: FORENAME:
(Mr/Mrs/Ms/Miss/Dr/Prof)

THIS SECTION TO BE COMPLETED BY STAFF

FACULTY/DEPARTMENT:

STAFF NO: STAFF CARD KEY NO:
(Between magnetic strip and edge of card)

HOME CAMPUS LOC: CONTACT TEL NO:

THIS SECTION TO BE COMPLETED BY STUDENTS

ACADEMIC COURSE YEAR..... FACULTY

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STUDENT NO: HOME CAMPUS LOCATION:

Previous Vehicle Details

VEH REG NO: COLOUR:

MAKE: MODEL:

NEW Vehicle Details

VEH REG NO: COLOUR:

MAKE: MODEL:

University Grounds.

Signature: Date:

**NOTE: WHEN COMPLETED FORM SHOULD BE RETURNED TO CAR PARK & TRAFFIC MANAGEMENT OFFICE
(COLERAINE - H116; JORDANSTOWN AND BELFAST - 10A01B; MAGEE - MD004)**

OFFICIAL USE ONLY

Approved: Date:
(Name & Title)