

**ULSTER UNIVERSITY
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: **Forename** **Surname:**
(Mr/Mrs/Ms/Miss/Dr/Prof)

This Section to be Completed by Staff Members

Faculty/Department

Staff Number.....

Home Campus: **Contact Tel No:**

This Section to be Completed by Students

Academic Course **Year**..... **Faculty**

Student No: **Home Campus:**

Previous Vehicle Details

VEH Reg No: **Colour:**

Make: **Model:**

New Vehicle Details

Veh Reg No: **Colour:**

Make: **Model:**

Signature: **Date:**

Completed forms should be returned to the relevant Car Park & Traffic Management Office
(Coleraine - H116; Jordanstown and Belfast – 10A01B; Magee – MD004)

Office Use Only

Approved: **Date:**
(Name & Title)