

# MSU Bicycle Registration Form

This form should be completed and returned to the MSU Parking Services Office.

Located in the Roberts Building

Hours of Operation: M-F 7:30am to 4:30pm

Phone: (662)325-3526

Email: [parkingservices@facilities.msstate.edu](mailto:parkingservices@facilities.msstate.edu)

Personal Information	
First Name	
Middle Name	
Last Name	
Suffix	
Date of Birth (MM/DD/YYYY)	
Phone	
Cell phone	
E-mail address	
Local address:	
Street	
City/State	
Zip Code	
Home address:	
Street	
City/State	
Zip Code	
Bicycle Information	
Make	
Model	
# of Speeds	
Primary Color	
Serial Number	
<p>For Parking Services Use</p> <p>Attach MSU barcode below:</p>	