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VEHICLE REGISTRATION HANDICAPPED PERMIT

Last Name:	First Name:	M.I
College ID number:		
OR HEALTH SERVIC APPLICATIONS MAY BE	COPY OF THE PHYSICIAN ISS ES AUTHORIZATION. PRESENTED AT THE CAMPUS SA LEGE PARK HALL BETWEEN THE	AFETY DESK IN THE
Signature	date	
(office use only)		+++++++++++
Temporary Handicapped P	ermit # issued:	
Current Decal class & num	ber issued:	
COPY OF PHYSICIAN PR AUTHORIZATION:	RESCRIPTION – OR ATTACH HEAD	LTH SERVICES