



VALPARAISO
UNIVERSITY

<i>please check one:</i> <input type="checkbox"/> New <input type="checkbox"/> Renewal / current plate # _____
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**SPECIAL RECOGNITION LICENSE PLATE APPLICATION
FOR AUTHORIZED SPECIAL GROUP MEMBERS ONLY.
READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.**

		Branch name where plate should be sent	Year of Issuance 2009
Print Full Name (Last, First, M.I.)		Applicant Signature	
Street Address		Authorized Special Group Name VALPARAISO UNIVERSITY	
City, Zip	County of Residence	Daytime Telephone Number	
E-mail Address			

- Submit a validated application for EACH plate requested.
- The name on the application must be the same name listed on the vehicle registration. Vehicles may be registered or leased in the name of one or more owners, but one of the owners or lessees must be a member of the special authorized group.
- Complete license branch information above.
- Special number requests cannot be accommodated.
- Fees:
 - _____ \$25 (per year) tax-deductible gift to Valparaiso University for each plate ordered. Proceeds benefit student scholarship, faculty development and other VU Alumni Association programs.
 - _____ An additional \$15 (per year) payable to the Bureau of Motor Vehicles (in addition to registration fee, excise tax, and applicable county and local taxes) at the time of registration for a special recognition license plate. Do not send this fee to Valparaiso University.
- Proof of eligibility is subject to verification and review by the Bureau of Motor Vehicles.

Send completed application, \$25 gift and a self-addressed stamped envelope to:
 Valparaiso University
 Office of Alumni Relations
 Loke Hall
 1100 Campus Drive S.
 Valparaiso, IN 46383

For credit card payment, complete the following:

Name on card: _____ Visa MasterCard Discover

Card #: _____ Security Code (back of card) _____

Expiration date: __/__/__ Signature: _____

Billing Address: _____
 Street Address City State Zip

The following verification statement must be signed by the authorized representative.

DO NOT WRITE BELOW THIS LINE

I verify that the applicant listed above is authorized to receive the group recognition plate indicated and has paid all fees requested by Valparaiso University.

Authorized Representative Signature _____

Office of Alumni Relations
 _____/_____/_____
 Date

<p>GROUP USE ONLY</p> <p>MLIC - V04COR - 23 - 0640013</p>
