

# Faculty/Staff Parking Waiver Request



Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Semester (for faculty): \_\_\_\_\_

Reason for request of parking fee waiver (Check one):

**I walk to campus each day**

**I teach classes at an off campus location**

**Other** (Please explain, i.e. carpool, park on street, etc.)

\*If your circumstances change, it is your responsibility to notify the college of the change.

**PLEASE PRINT, COMPLETE, AND RETURN TO THE SECURITY AND SAFETY DIRECTOR**

Staff Member (Print): \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor Signature (Print): \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_