



# South Central College

A MINNESOTA COMMUNITY AND TECHNICAL COLLEGE

FARIBAULT • NORTH MANKATO

## Faculty/Staff PARKING WAIVER REQUEST FORM

Name \_\_\_\_\_

Campus Location (Circle one): North Mankato Faribault

Semester (for faculty) (circle one): Fall Spring

Reason for request of parking fee waiver (Check the appropriate line):

<input type="checkbox"/>	I walk to Campus each day
<input type="checkbox"/>	I teach classes at an off campus location:
<input type="checkbox"/>	Other (Please explain, i.e. carpool, park on street, etc.)

If my circumstances change, it is my responsibility to notify the college of the change.

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Return waiver request to Safety & Security Program Manager.***