

Student Parking Waiver Request

Name: _____ Student ID Number: _____

Address: _____ Phone: _____

City/State/Zip: _____

Campus Location: North Mankato Faribault

Semester: Fall Spring Summer

Date of Request: _____

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

I walk to campus each day

I take the bus to campus each day

Other (Please explain any special circumstances)

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

PLEASE PRINT, COMPLETE, AND RETURN TO EMILY CARLSON (NM CAMPUS)

Student Name (Print): _____ Date _____

Signature: _____

----- **FOR BUSINESS OFFICE USE ONLY** -----

Waiver approved and dollar amount _____

Waiver denied

Business Office (Print): _____ Date _____

Signature: _____

Entered By: _____ Date Processed: _____

Transaction Serial #: _____