

# Student Parking Waiver Request



Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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 THE SECURITY AND SAFETY DIRECTOR**

Student Name (Print): \_\_\_\_\_ Date \_\_\_\_\_

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

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

**Waiver approved and dollar amount** \_\_\_\_\_

**Waiver denied**

VP of Finance & Operations (Print): \_\_\_\_\_ Date \_\_\_\_\_

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