

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

Faculty/Staff Member (Print): _____ Date _____

Signature: _____

Supervisor Name (Print): _____ Date _____

Signature: _____