



Student Parking Waiver Request Form

Name _____ **H#** _____

Contact Phone # (____) _____

Fall _____

Spring _____

Summer _____

Reason for Parking Waiver

No Vehicle on campus _____

Other _____

Student Signature _____

Date ___/___/___

Approved _____ **Denied** _____

Authorized by: _____

Date ___/___/___

Account adjusted by: _____

Date ___/___/___

**The student parking waiver request form will only be accepted on/before the census date of each term. Students will become fully responsible for the parking sticker if the waiver is submitted after the census date.*