

Student Parking Waiver Request

Name: _____ Student ID Number: _____

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 EMILY CARLSON (NM CAMPUS)

Student Name (Print): _____ Date _____

Signature: _____

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

- Waiver approved and dollar amount _____
- Waiver denied

VP of Finance & Operations (Print): _____ Date _____

Signature: _____