LSU Health New Orleans
HEALTH SCIENCES CENTER

# REQUEST FOR PARKING CARD REFUND

(Refunds issued for re-useable gate cards)

NAME_____

EMPLid/STDid#_____

AGENCY: ○ LSUHSC Downtown ○ LSUHSC Dental ○ IHL

DEPT/SCHOOL: _____

PARKING CARD#_____

THIS REQUEST MUST BE ACCOMPANIED BY THE PARKING CARD ASSIGNED TO THE REGISTERED INDIVIDUAL REQUESTING THE PARKING CARD REFUND OR PARKING CARD FEE WILL NOT BE REFUNDED.

$_____ _____

Amount Parking Official Date

_____

Registrant's Signature Date

Please mail parking gate card and this form to:

LSUHSC Parking
433 Bolivar Street, Room 158
New Orleans, LA 70112

List Current Mailing Address for refund check:

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