



**CANCELLATION OF PARKING FOR NON-PAYROLL
DEDUCTION
(ANNUAL PAYMENTS, STUDENTS, STUDENT WORKERS)**

NAME _____

Employee ID/Student ID# _____

DEPT/SCHOOL _____

CLASSIFICATION _____

PARKING CARD# _____

Registrant's Signature Date

Parking Official Date

For refund purposes, cancellation will be effective on the first of the month succeeding the date of signing this form. If any refund is due you, please note below your forwarding address if you are terminating your employment or leaving school. Allow (4 to 6 weeks) to receive refund.

Address: _____

Email: _____

Official Use Only
Refund Basis:
_____ mths @ _____ /mth
= \$ _____