



LSU Health New Orleans
HEALTH SCIENCES CENTER

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

NAME _____

EMPLid/STDid# _____

AGENCY: LSU Downtown LSU Dental IHL

DEPT/SCHOOL _____

CLASSIFICATION _____

PARKING CARD# _____ ISSUE DATE _____

IF A DEPOSIT WAS PLACED ON A PARKING CARD, THIS RELEASE MUST BE ACCOMPANIED BY THE PARKING CARD ASSIGNED TO THE REGISTERED INDIVIDUAL REQUESTING THE RELEASE OR THE CARD DEPOSIT OF \$20.00 WILL NOT BE REFUNDED.

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.

<p>Official Use Only Refund Basis: ____ mths @ ____/mth = \$ _____</p>
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