



# California State University Channel Islands

## Request for Waiver of Campus Parking Fee

The campus parking fee may be waived for students with disabilities who meet the eligibility standards based on the financial information provided on this form. **Incomplete responses will delay processing and may be cause for denial of this request.** Please take form to campus Financial Aid Office for authorization and bring it to Transportation and Parking Services for completion of the process.

**In order for a student to be eligible for the campus parking fee waiver, a student must:**

- 1. Show proof of student registration for period listed on this parking waiver request;**
- 2. Possess a valid state DMV Handicap Parking Placard or Plates in their name; and**
- 3. Demonstrate financial need for parking fee financial assistance according to the need analysis procedure for campus based financial aid authorized by Title IV of the Federal Higher Education Act of 1965, as amended (20 U.S.C. 1087kk et seq.), and obtain authorization from Campus Financial Aid office.**

Student Name _____	Student ID _____
Address _____	Telephone Number _____
City _____	State _____ Zip Code _____
Campus _____	Term/Year for which waiver is requested _____

1. Are you a Department of Rehabilitation or other agency client?  No  Yes
2. If 1 is "yes", do you receive parking fee assistance?  No  Yes  
(If 2 is "yes", you do not qualify for this waiver. Do not submit this form.)
3. Have you applied for financial aid at this campus?  No  Yes  
(If 3 is "yes", date Financial Aid Application submitted \_\_\_\_\_)  
(if 3 is "no", the Financial Aid Office is unable to determine whether you have financial need. You must qualify for financial aid.)

Student Certification: I certify that all information provided is true, complete and accurate to the best of my knowledge.

_____ Student Signature	_____ Date
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### STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need."

- Applied for financial aid: Evaluated as having no financial need. Ineligible for a waiver.
- Applied for financial aid: Evaluated as having a financial need. Eligible for a waiver.

_____ Name of Financial Aid Official (Please Print)	_____ Signature	_____ Date
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### STEP TWO - PARKING SERVICES for verification of valid state DMV Disabled Persons Parking Placard or plates in your name

Disabled Person Placard or License Plate Information:

License/Placard Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver

Permit # Issued: \_\_\_\_\_  Permit previously received; refund requested.

No valid DMV placard. Ineligible for parking fee waiver.

_____ Name of Authorized Parking Services Agent (Please Print)	_____ Signature	_____ Date
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Student Acknowledgement: I acknowledge receipt of:  Copy of this completed form  Parking Permit

_____ Signature of Student	_____ Date
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### STEP THREE - PARKING SERVICES forwards copy of form to Cashier's Office.

- ACTION REQUEST: Please credit student for permit previously charged. See attached permit refund request.  No action needed. Information only.