

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
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 ameded (20 U.S.C. 1087kk et seq.). and obtain authorization from Campus Financial Aid office.

Address Telephone Number City State Zip Code Campus Term/Year for which waiver is requested	City Campus A re you a Department of Rehabilitation or other agency client? I. Are you a Department of Rehabilitation or other agency client? I. f1 is "yes", do you receive parking fee assistance? (If 2 is "yes", you do not qualify for this waiver. Do not submit this form.) Have you applied for financial aid at this campus? (If 3 is "yes", date Financial Aid Application submitted) (If 3 is "no", the Financial Aid Office is unable to determine whether you have fin Student Certification: I certify that all information provided is true, complete and accurate to Student Signature STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Step TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Parket Disabled Person Placard or License Plate Information: License/Placard Number	State Zip Code Term/Year for which waiver is requested
Campus Term/Year for which waiver is requested 1. Are you a Department of Rehabilitation or other agency client? No 2. If 1 is "yes", do you receive parking fee assistance? No (If 2 is "yes", you do not qualify for this waiver. Do not submit this form.) No 3. Have you applied for financial aid at this campus? No (If 3 is "yes", due Financial Aid Application submitted No (If 3 is "no", the Financial Aid Application submitted No (If 3 is "no", the Financial Aid Application submitted No (If 3 is "no", the Financial Aid Application provided is true, complete and accurate to the best of my knowledge. Student Signature Date Student Signature Date SteP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need."	Campus 1. Are you a Department of Rehabilitation or other agency client? 2. If 1 is "yes", do you receive parking fee assistance? (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? (If 3 is "yes", date Financial Aid Application submitted) (if 3 is "no", the Financial Aid Office is unable to determine whether you have fin Student Certification: I certify that all information provided is true, complete and accurate to Student Signature STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	Term/Year for which waiver is requested No Yes No Yes No Yes financial need. You must qualify for financial aid.) se to the best of my knowledge. Date
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 3. Have you applied for financial ald at this campus? No Yes (If 3 is "yes", due Financial Aid Application submitted No Yes (If 3 is "no", the Financial Aid Application submitted No Yes (If 3 is "no", the Financial Aid Office is unable to determine whether you have financial need. You must qualify for financial aid.) No Student Certification: I certify that all information provided is true, complete and accurate to the best of my knowledge. Student Signature Date STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Date 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:		No Yes No Yes No Yes financial need. You must qualify for financial aid.) te to the best of my knowledge. Date
2. If 1 is "yes", do you receive parking fee assistance? (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? (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 STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Eligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Date 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	2. If 1 is "yes", do you receive parking fee assistance? (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? (If 3 is "yes", date Financial Aid Application submitted) (If 3 is "no", the Financial Aid Office is unable to determine whether you have fin Student Certification: I certify that all information provided is true, complete and accurate to	No Yes No Yes financial need. You must qualify for financial aid.) te to the best of my knowledge.
(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? (If 3 is "yes", date Financial Aid Application submitted	(If 2 is ¹ yes", you do not qualify for this waiver. Do not submit this form.) 3. Have you applied for financial aid at this campus? (If 3 is "yes", date Financial Aid Application submitted) (If 3 is "no", the Financial Aid Office is unable to determine whether you have fin Student Certification: I certify that all information provided is true, complete and accurate to student Signature Student Signature STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Parket Disabled Person Placard or License Plate Information: License/Placard Number	No Yes financial need. You must qualify for financial aid.) te to the best of my knowledge. Date
(If 3 is 'yes', date Financial Aid Application submitted)	(If 3 is "yes", date Financial Aid Application submitted) (If 3 is "no", the Financial Aid Office is unable to determine whether you have fin Student Certification: I certify that all information provided is true, complete and accurate to	financial need. You must qualify for financial aid.) te to the best of my knowledge. Date
Student Certification: I certify that all information provided is true, complete and accurate to the best of my knowledge. Student Signature Date STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature Date 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 State Expiration Date: License/Placard Number Permit # Issued: Permit previously received; refund requested.	Student Certification: I certify that all information provided is true, complete and accurate the student Signature Student Signature STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	te to the best of my knowledge.
Student Signature Date STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature Date 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 Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.	Student Signature STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	Date
STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature Date 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 # Issued:	STEP ONE - FINANCIAL AID OFFICE for evaluation of "demonstrated financial need." Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Parket Disabled Person Placard or License Plate Information: License/Placard Number	
Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature Date 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 Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit # Issued: Permit previously received; refund requested.	 Applied for financi al aid: Evaluated as having no financial need. Ineligible for a waiver. Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	er.
Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature Date Date Date 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 Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.	Applied for financi al aid: Evaluated as having a financial need. Eligible for a waiver. Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Parket Disabled Person Placard or License Plate Information: License/Placard Number	er.
Name of Financial Aid Official (Please Print) Signature Date 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 State Expiration Date: Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.	Name of Financial Aid Official (Please Print) Signature STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	
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 Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.	STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	
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 Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.	STEP TWO- PARKING SERVICES for verification of valid state DMV Disabled Persons Park Disabled Person Placard or License Plate Information: License/Placard Number	
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.	Disabled Person Placard or License Plate Information: License/Placard Number	Date
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.	Disabled Person Placard or License Plate Information: License/Placard Number	
License/Placard Number State Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.	License/Placard Number	irking Placard or plates in your name
Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking fee waiver Permit # Issued: Permit previously received; refund requested.		
Permit # Issued: Permit previously received; refund requested.	Valid DMV verified by CSUCI Transportation and Parking Services, eligible for parking	State Expiration Date:
		ng fee waiver
No valid DMV placard. Ineligible for parking fee waiver.	Permit # Issued: F	Permit previously received; refund requested.
	No valid DMV placard. Ineligible for parking fee waiver.	
Name of Authorized Parking Services Agent (Please Print) Signature Date	Name of Authorized Parking Services Agent (Please Print) Signature	Date
Student Acknowledgement: I acknowledge receipt of : Copy of this completed form Parking Permit	Student Acknowledgement: I acknowledge receipt of : Copy of this comple	pleted form Parking Permit
	Signature of Student Date	

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.