

## **Parking and Commuter Services**

parking@csusm.edu (760) 750-7500

## **Request for Waiver of Parking Fee**

## Title V of California Code of Regulations §42201:

(6) Students with disabilities who possess a distinguishing license plate or placard issued by the State of California's Department of Motor Vehicles or by the appropriate authority of another state, and who have demonstrated financial need for parking fee financial assistance as determined by the campus president 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. s 1087kk et seq.), and have received a campus parking fee waiver.

## Applicant Information

A copy of y	our Shopping Shee	et must be attacl	hed.			
Full Name:				Student ID:		
	Last	First		М.І.		
Phone:	Campus Email:					
Semester:	🗌 Fall	Spring		Summer	Year:	
l have – reg	jistered in my name -	a disabled:				
Placard Number:						State:
License	Plate	License Plate N	Numt	oer:		State:
Are you a Department of Rehabilitations/Vocational Rehabilitation client?					Yes	No
If so, do you receive parking fee assistance?					Yes	No
Have you applied for financial aid at this campus?					Yes	No
vehicle and	license plate within	our Parking Acco	ount	s (@cougars.csusm.edu) e to activate your parking pe vided by me in this docum	rmit.	
Applicant S	ignature				<u> </u>	Date
			F	or Office Use Only		
Verified info	ormation					
🗌 Waiv	er Form completed ir	n full		Shopping Sheet Attached		
		_		Determination		
Approv	red	Not Approved				
Signature:						Date:
Email sent o	on:			Sent by:		