



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 your Shopping Sheet must be attached.

Full Name: _____ Student ID: _____
Last First M.I.

Phone: _____ Campus Email: _____

Semester: Fall Spring Summer Year: _____

I have – registered in my name - a disabled:

Placard Placard Number: _____ State: _____

License Plate License Plate Number: _____ 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

Upon review, you will receive an email to your campus (@cougars.csusm.edu) email. If approved, you must register your vehicle and license plate within your Parking Account to activate your parking permit.

I attest under penalty of perjury that all information provided by me in this document is true and accurate.

Applicant Signature _____ Date _____

For Office Use Only

Verified information

Date Stamp

Waiver Form completed in full Shopping Sheet Attached

Registered for classes for semester Initial: _____

Determination

Financial Need Review

Disabled Plate/Placard Review

Approved Not Approved Approved Not Approved

Valid Dates: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Email sent on: _____ Sent by: _____