

ADDITIONAL PARKING REQUEST

Name _____ Student ID # _____
(Last) (First)
Permit # _____ License Plate _____
Residence Hall _____ Today's Date _____
E-Mail: _____ Telephone # _____

This form must be completely filled out. Explain where and when you need additional parking and the reason for your request. **Back to back classes will not be accepted as a reason for additional parking. Night commuter permit permits are not eligible for additional parking.** Requests for a medical reason must be submitted with the Certification of Medical Need form completed and signed by a physician. If this form is not filled out completely, it will not be reviewed. If your additional parking request is approved, a fee will be assessed*. In all cases, the class schedule must be filled out. Please include email address as all notifications of final decisions will be sent via email.

**fee not required for additional parking due to medical need*

BRIEF STATEMENT OF REASON FOR REQUEST

PLEASE FILL IN BUILDING AND CAMPUS.

PERIOD	TIME	MON	TUES	WED	THURS	FRI
1						
2						
3						
4						
5						
6						
7						
8						
9						

If and RU Department is paying the fee this form muts be accompanied by an IPO or it will not be processed

OFFICE USE ONLY	APPROVED BY: _____
LOTS: _____	FEE COLLECTED: _____
HOURS: _____	DENIED BY: _____
DAYS: _____	ADDITIONAL PARKING# _____
START DATE: _____	EXPIRATION DATE: _____