



Parking Permit Refund Request Form

Please complete this form. Only this form and any attached documentation will be subject to review by the reviewed by the Parking and the Finance Offices. Each customer will be provided a formal notification of approval/denial. If approved, the Accounting Office will issue payment in the form of a check to the mailing address noted in the completed form. Submit the form to the Parking Office in Bldg. 39, Rm. 104, Monday through Friday between 9 AM to 5 PM or via email at auxiliaryservices@udc.edu. Note: Approved refunds are issued on prorated basis.

Date of Request: _____

Status: (please check one)

Requestor's Name:

Student () Staff () Faculty ()

Reason for Request: (Provide details below.)

Date of Permit Payment: (Please attach receipt.) _____

Original Payment Amount:

Contact Information:
Mailing address:

Course Reference Number: (If applicable, provide the reference number of the cancelled course(s) as listed on your class schedule)

Phone Number: _____

Email Address: _____

For internal use only:
Date Received: _____
Date Forwarded to Finance _____

Signature _____
Signature: _____