

Student Permit  
Refund Request

Permit # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Royal ID #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Reason for refund request:

My signature on this request for a refund indicates I will:

- Permit must be returned to the Parking Services Office, Office 10, \_\_\_\_\_

I understand that any money owed the University for parking tickets, fines, fees etc. will reduce the refund amount I may be eligible to receive.

- By requesting and receiving any refund of the parking permit, I understand that I am subject to University Parking regulations. I further understand that I am subject to any and all parking regulations found in violation of University Parking regulations.

- Parking on City of Scranton streets is subject to the City of Scranton Parking Authority and Scranton Police Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_