

PARKING CANCELLATION REQUEST FORM

Date of Request: _____
(XX-XX-XXXX)

Please check one: Fall _____ Spring _____ Summer _____

Print Name: _____
(Last Name, First Name, Middle Initial)

Panther ID #: _____

Campus ID: _____@student.gsu.edu

Parking Decal #: _____

Residence Hall: _____
Name of Hall Building (# or Letter) Room # Bed

By signing this form, "I certify that I am submitting this request to cancel my parking at University Housing. I understand that by signing this Parking Cancellation Request Form that I will be charged for the number of days for which I had parking and that I am subject to a cancellation fee of \$80."

Signature

Date (XX-XX-XXXX)

Official Use Only

Date Received On: _____

Mailing Address:
P.O. Box 3961
Atlanta, GA 30302-3961

In Person Address:
75 Piedmont Avenue, NE
Suite 110
Atlanta, GA 30303

Phone: 404-413-1800
Fax: 404-413-1803
Web: MyHousing.gsu.edu
Email: Housing@gsu.edu