

WAIVERS WILL ONLY BE VALID IF SUBMITTED TO THE BUSINESS OFFICE ON OR BEFORE
THE STATED WAIVER DEADLINE PUBLISHED IN THE RESPECTIVE COURSE SCHEDULE
FOR THE ACADEMIC YEAR STATED BELOW



University of the Incarnate Word Parking Permit Waiver Form

By signing the parking permit waiver form, I am acknowledging that I will not be parking a vehicle on the University campus for the _____ semester.

Student Name _____ Student ID # _____

We recommend that you review your student bill periodically to insure that proper credit has been issued to your account. A receipt of your waiver is available at the Business Office to retain for your records (as proof that a waiver was submitted), this receipt will be required on any disputes regarding credit to your student account.

Student Signature: _____ Date: _____

REMINDER: Parking waivers must be submitted each semester.

Processed By: _____ Date: _____
_____ 1PRK

Revised 7/19/05