

WAIVERS WILL ONLY BE VALID IF SUBMITTED TO THE BUSINESS WITHIN 25 DAYS AFTER THE FIRST DAY OF CLASSES FOR THE SEMESTER STATED BELOW



**UNIVERSITY OF THE  
INCARNATE WORD**

**Parking Permit Waiver**

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.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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**

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Processed By: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ 1PRK Revised 03/01