

Student Permit
Refund Request

Permit # _____

Name: _____

Address: _____

Royal ID #: _____

Cell Phone #: _____

Reason for refund request:

My signature on this request form indicates I will adhere to the stipulations below:

- Permit must be returned to the Parking Services Office (M – F 10am – 4pm).
- 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 fee I agree to abide by University Parking regulations. I further understand that I am subject to ticketing/towing if found in violation of University Parking regulations.
- Parking on City of Scranton streets subjects me to parking regulations enforced by The Scranton Parking Authority and Scranton Police Department.

Signature _____ Date _____