



FLORIDA STATE COLLEGE AT JACKSONVILLE

**Parking Fee Waiver**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

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This is a request that parking fees for term \_\_\_\_\_ be waived from my registration tuition. I will not be using any parking facility at any Florida State College campus or center during this term. I understand that this parking fee waiver only applies to the term specified above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Campus / Center Representative

\_\_\_\_\_  
Campus / Center

*The deadline to apply for a parking fee waiver is the same as your earliest scheduled drop deadline date.*